

UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re:

WALKER COUNTY HOSPITAL CORPORATION,
d/b/a HUNTSVILLE MEMORIAL HOSPITAL,

Debtor and Debtor in Possession.¹

Chapter 11

Case No. 19-36300

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC
DISCLOSURES REGARDING THE DEBTOR'S SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

Introduction

On November 11, 2019 (the “*Petition Date*”), Walker County Hospital Corporation, d/b/a Huntsville Memorial Hospital (the “*Debtor*”) filed a voluntary petition for relief under Chapter 11 of Title 11 of the United States Code (the “*Bankruptcy Code*”).

Pursuant to the requirements of Bankruptcy Code Section 521 and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “*Bankruptcy Rules*”), the Debtor, with the assistance of its advisors, has filed its Schedules of Assets and Liabilities (the “*Schedules*”) and Statement of Financial Affairs (the “*Statements*”) with the United States Bankruptcy Court for the Southern District of Texas (the “*Bankruptcy Court*”).

Mr. Steve Smith is the Chief Executive Officer of the Debtor and has signed each of the Schedules and Statements. In reviewing and signing the Schedules and Statements, Mr. Smith has relied upon the efforts, statements and representations of various personnel employed by the Debtor. Mr. Smith has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and Statements, including statements and representations concerning amounts owed to creditors.

These *Global Notes, Methodology and Specific Disclosures Regarding the Debtor's Schedules of Assets and Liabilities and Statements of Financial Affairs* (the “*Global Notes*”) pertain to, are incorporated by reference in and comprise an integral part of the Debtor's Schedules and Statements. The Global Notes should be referred to and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“*GAAP*”), nor are they intended to be fully reconciled with the financial statements of the Debtor. Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtor's commercially reasonable best efforts to report the assets and liabilities of the Debtor on an unconsolidated basis.

¹ The last four digits of the Debtor's federal tax identification number are: 0960. The location of the Debtor's service address is: P.O. Box 4001, Huntsville, TX 77342-4001, Attn: Steven Smith.

In preparing the Schedules and Statements, the Debtor relied upon financial data derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised or subsequent information, may cause a material change to the Schedules and Statements. Thus, the Debtor is unable to warrant or represent the Schedules and Statements are without inadvertent errors, omissions or inaccuracies. Accordingly, the Debtor reserves all of its rights to amend, supplement or otherwise modify the Schedules and Statements as is necessary and appropriate. Notwithstanding the foregoing, the Debtor shall not be required to update, amend or supplement the Schedules and Statements, but reserves the right to do so.

Global Notes and Overview of Methodology

Reservation of Rights. Nothing contained in the Schedules and Statements shall constitute a waiver of the Debtor's rights or an admission with respect to its chapter 11 case, including, without limitation, any issues involving equitable subordination, offsets or defenses and/or causes of action arising under, *inter alia*, the provisions of Chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws.

Description of Case. On the Petition Date, the Debtor filed a voluntary petition for relief pursuant to Chapter 11 of the Bankruptcy Code. The Debtor is operating its business and managing its properties as a Debtor-in-possession pursuant to Bankruptcy Code Sections 1107(a) and 1108. No trustee or examiner has been requested in these chapter 11 cases.

On November 23, 2019, the United States Trustee for the Southern District of Texas appointed the Official Committee of Unsecured Creditors (the "***Creditors' Committee***") [Docket No. 109] pursuant to section 1102(a)(1) of the Bankruptcy Code.

Net Book Value of Assets. It would be prohibitively expensive, unduly burdensome and an inefficient use of estate assets for the Debtor to obtain current market valuations for all of its assets. Accordingly, unless otherwise indicated, the Debtor's Schedules and Statements reflect net book values as of October 31, 2019. Market values of these assets may vary, at some times materially, from the net book value of such assets. Additionally, because the book values of assets such as patents, trademarks and copyrights may materially differ from their fair market values, they are listed as undetermined amounts as of the Petition Date. Furthermore, assets which have fully depreciated or were expensed for accounting purposes do not appear in these Schedules and Statements as they have no net book value.

Personal Property – Leased. In the ordinary course of business, the Debtor may lease furniture, fixtures, and office equipment from certain third-party lessors for use in the daily operation of its business. Nothing in the Schedules and Statements is or shall be construed as an admission regarding any determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtor reserves all of its rights with respect to any such issue.

Recharacterization. Notwithstanding the Debtor's commercially reasonable best efforts to properly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statements, the Debtor may nevertheless have improperly characterized, classified, categorized, designated or

omitted certain items. Accordingly, the Debtor reserves all of its rights to recharacterize, reclassify, recategorize, redesignate, add or delete items reported in the Schedules and Statements at a later time as is necessary and appropriate, as additional information becomes available.

Liabilities. The Debtor allocated liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. Accordingly, the Debtor reserves all of its rights to amend, supplement or otherwise modify the Schedules and Statements as is necessary and appropriate as they determine in its sole and absolute discretion.

The liabilities listed on the Schedules do not reflect any analysis of claims pursuant to Bankruptcy Code Section 503(b)(9). Accordingly, the Debtor reserves all of its rights to dispute or challenge the validity of any asserted claims under Bankruptcy Code Section 503(b)(9) or the characterization of the structure of any such transaction or any document or instrument related to any creditor's claim.

Insiders. For purposes of the Schedules and Statements, the Debtor defines "insiders" pursuant to section 101(31) of the Bankruptcy Code to include the following: (a) directors; (b) officers; (c) shareholders holding in excess of 5% of the voting shares of the Debtor (whether directly or indirectly); (d) relatives of directors, officers or shareholders of the Debtor (to the extent known by the Debtor); (e) persons in control; and (f) non-Debtor affiliates.

Persons listed as "insiders" have been included for informational purposes only. The Debtor does not take any position with respect to: (a) such person's influence over the control of the Debtor; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an "insider" under applicable law, including the federal securities laws, or with respect to any theories of liability or for any other purpose.

Intellectual Property Rights. Exclusion of certain intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms or otherwise transferred pursuant to a sale, acquisition or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, terminated, assigned, expired by their terms or otherwise transferred pursuant to a sale, acquisition or other transaction. Accordingly, the Debtor reserves all of its rights with respect to the legal status of any and all such intellectual property rights.

Classifications. Listing a claim on (a) Schedule D as "secured," (b) Schedule E/F as "priority," (c) Schedule E/F as "unsecured" or (d) listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor's rights to recharacterize or reclassify such claims or contracts or leases or to setoff of such claims.

Claims Description. Schedules D and E/F permit the Debtor to designate a claim as "disputed," "contingent" and/or "unliquidated." Any failure to designate a claim on the Schedules as "disputed," "contingent" or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent" or "unliquidated," or that such claim is not subject to

objection. The Debtor reserves all of its rights to dispute, or assert offsets or defenses to, any claim reflected on its Schedules and Statements on any grounds, including liability or classification. Additionally, the Debtor expressly reserves all of its rights to subsequently designate such claims as “disputed,” “contingent” or “unliquidated.” Moreover, listing a claim does not constitute an admission of liability by the Debtor.

Causes of Action. Despite reasonable efforts, the Debtor may not have identified and/or set forth all of its (filed or potential) causes of action against third parties as assets in its Schedules and Statements. The Debtor reserves all of its rights with respect to any causes of action against third parties and nothing in the Global Notes or the Schedules and Statements shall be deemed a waiver of any such causes of action which are expressly reserved.

Employee Addresses. Employee addresses have been removed from entries listed on Schedules E/F and G. These addresses are available upon request of the Office of the United States Trustee and the Bankruptcy Court.

Inter-Company Balances. As set forth in *Debtor’s Emergency Motion for Entry of Interim and Final Orders: (I) Authorizing the Debtor to (A) Continue to Operate the Debtor’s Cash Management System, (B) Pay Any Prepetition or Postpetition Amounts Outstanding on Account of Bank Fees, (C) Maintain Existing Business Forms in the Ordinary Course Of Business, and (D) Continue to Perform Intercompany Transactions Consistent with Historical Practice; and (II) Granting Related Relief* [Docket No. 11] (the “**Cash Management Motion**”), the Debtor and its non-debtor affiliate, HMH Physician Organization (“**HMHPO**”) transfer cash pursuant to the Debtor’s centralized cash management system. Intercompany transactions authorized pursuant to the Cash Management Motion are not included in the Debtor’s Schedule E/F.

Summary of Significant Reporting Policies. The following is a summary of significant reporting policies:

- a. **Undetermined Amounts.** The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. **Paid Claims.** The Debtor has authority to pay certain outstanding prepetition payables pursuant to various Bankruptcy Court orders (the “**Prepetition Payment Orders**”). Accordingly, certain outstanding liabilities may have been reduced by postpetition payments made on account of prepetition liabilities. In most instances, as applicable, the Debtor has omitted listing those prepetition liabilities which have been fully satisfied prior to the filing of these Schedules or reduced the remaining liability to reflect payments described herein. To the extent the Debtor pays any of the liabilities listed in the Schedules pursuant to the Prepetition Payment Orders, the Debtor

reserves all of its rights to amend or supplement the Schedules or take other action as is necessary and appropriate to avoid over-payment of or duplicate payments for any such liabilities.

- d. Excluded Assets and Liabilities. The Debtor has excluded certain accrued liabilities, including accrued salaries and employee benefits and tax accruals from the Schedules. Certain other immaterial assets and liabilities may also have been excluded.
- e. Liens. Property, inventory and equipment listed in the Schedules may be presented without consideration of any liens that may attach (or have attached) to such property and equipment.
- f. Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

Setoffs. The Debtor incurs certain setoffs and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, warranties, and other disputes between the Debtor and its patients and/or suppliers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtor's industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are excluded from the Schedules. Notwithstanding the foregoing, the Debtor has not reviewed the validity of the aforementioned setoff rights and hereby reserves all rights to challenge such setoff rights.

Global Notes Control. In the event that the Schedules and Statements differ from the foregoing Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtor's Schedules

Schedule A/B. The Debtor's owned real estate is reported at book value, net of accumulated depreciation. The Debtor may have listed certain assets as real property when such assets are in fact personal property, or the Debtor may have listed certain assets as personal property when such assets are in fact real property. The Debtor reserves all of its rights to recategorize and/or recharacterize such asset holdings to the extent the Debtor determine that such holdings were improperly listed.

Unless indicated otherwise, asset values described in Schedule A/B are representative of values reflected on the Debtor's October 31, 2019 balance sheet.

Schedule A/B, Part 1. Details with respect to the Debtor's cash management system and bank accounts are provided in the Cash Management Motion.

Schedule A/B7. The Bankruptcy Court, pursuant to the *Debtor's Emergency Motion for Entry of*

an Order: (I) Authorizing Debtor's Proposed Form of Adequate Assurance of Payment to Utility Companies; (II) Establishing Procedures for Resolving Objections by Utility Companies; and (III) Prohibiting Utility Companies from Altering, Refusing, or Discontinuing Service to the Debtor [Docket No. 8], has authorized the Debtor to provide adequate assurance of payment for future utility services, including a deposit in the amount of \$53,500.00. Such deposits are not listed on Schedule A/B7, which was prepared as of the Petition Date.

Schedule A/B11. The Debtor has disclosed the net book value with respect to accounts receivable listed on Schedule A/B11, which represents the amount of the accounts receivable netted by any "doubtful accounts." For purposes of Schedule A/B11, "doubtful accounts" are those accounts that the Debtor has identified as unlikely to be paid given the amount of time such accounts have been outstanding.

Schedule A/B, Part 5. Unless otherwise stated in Schedule A/B, Part 5, book value is presented net of inventory reserves.

Schedules A/B39-41 and A/B50. For purposes of Schedules A/B39-41 and A/B50, the value of certain assets may be included in a fixed asset group or certain assets with a net book value of zero may not be set forth on Schedules A/B39-41 and A/B50.

Schedule A/B73. Additional information regarding the insurance policies listed on Schedule A/B73 is available in the *Debtor's Emergency Motion for Entry of an Order Authorizing the Debtor to: (I) Continue Insurance Coverage Entered into Prepetition and Satisfy Related Prepetition Obligations; (II) Renew, Amend, Supplement, Extend, or Purchase Insurance Policies; (III) Honor the Terms of Premium Financing Agreements and Pay Related Premiums; and (IV) Enter Into New Premium Financing Agreements in the Ordinary Course* [Docket No. 7].

Schedule A/B75. In the ordinary course of its business, the Debtor may have accrued, or may subsequently accrue, certain rights to causes of action, counterclaims, setoffs, refunds with its customers and suppliers or potential warranty claims against its suppliers. Additionally, the Debtor may be a party to pending litigation in which the Debtor has asserted, or may assert, causes of action as a plaintiff or counter-claims as a defendant. To the extent such rights are known and quantifiable, they are listed on Schedule A/B75; however, any such rights which are unknown to the Debtor or not quantifiable as of the Petition Date are not listed on Schedule A/B75.

Schedule D. The claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included for each claim. All claims listed on Schedule D, however, appear to have arisen or been incurred before the Petition Date.

Except as otherwise agreed pursuant to a stipulation or as otherwise provided by an order entered by the Bankruptcy Court, the Debtor reserve its rights to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset of a secured creditor listed on Schedule D. Moreover, although the Debtor has scheduled claims of various creditors as secured claims, the Debtor reserves all of its rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. The descriptions provided in Schedule D are solely intended to be a summary – and not an admission – of liability.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. The Debtor reserves all of its rights to amend Schedule D to the extent that the Debtor determines that any claims associated with such agreements should be reported on Schedule D. Nothing herein shall be construed as an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor's rights to recharacterize or reclassify such claim or contract.

Moreover, the Debtor has not included on Schedule D parties that may believe its claims are secured through setoff rights or inchoate statutory lien rights. Where an administrative agent serves with respect to any prepetition secured debt, only the administrative agent is listed as the creditor on Schedule D and not any other parties who may hold a portion of the debt.

Schedule E/F, Part 1. The Bankruptcy Court has authorized the Debtor, in its discretion, to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code. For example, on November 12, 2019, the Bankruptcy Court entered the *Order: (I) Authorizing the Debtor to (A) Pay Certain Prepetition Wages, Benefits, and Other Compensation and (B) Continue Employee Compensation and Employee Benefits Programs; and (II) Granting Related Relief* [Docket No. 53], authorizing the Debtor to pay or honor certain prepetition obligations with respect to employee wages, salaries and other compensation, reimbursable employee expenses and employee medical and similar benefits. To the extent such claims have been paid or may be paid pursuant to further Bankruptcy Court order, they may not be included on Schedule E/F, Part 1.

The claims listed on Schedule E/F, Part 1 arose or were incurred on various dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included for each claim. All claims listed on Schedule E/F, Part 1, however, appear to have arisen or to have been incurred before the Petition Date.

Schedule E/F, Part 2. The Debtor has used its commercially best reasonable efforts to report all general unsecured claims against the Debtor on Schedule E/F, Part 2 based upon the Debtor's existing books and records as of the Petition Date. The claims of individual creditors for, among other things, products, goods or services are listed as either the lower of the amounts invoiced by such creditor or the amounts entered on the Debtor's books and records and may not reflect credits or allowances due from such creditors to the applicable Debtor. The Debtor reserves all of its rights with respect to any such credits and allowances including the right to assert objections and/or setoffs with respect to same. Schedule E/F, Part 2 does not include certain deferred charges, deferred liabilities, accruals or general reserves. Such amounts are, however, reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date. The Debtor has made every effort to include as a contingent, unliquidated or disputed the claim of any vendor not included on the Debtor's open accounts payable that is associated with an account that has an accrual or receipt not invoiced.

Schedule E/F, Part 2 contains information regarding pending litigation involving the Debtor. In certain instances, the amount that is the subject of the litigation is uncertain or undetermined. The dollar amount of potential claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated and disputed in the Schedules and

Statements.

Schedule E/F, Part 2 also includes potential or threatened legal disputes that are not formally recognized by an administrative, judicial or other adjudicative forum due to certain procedural conditions that counterparties have yet to satisfy. Any information contained in Schedule E/F, Part 2 with respect to such potential litigation shall not be a binding representation of the Debtor's liabilities with respect to any of the potential suits and proceedings included therein.

Schedule E/F, Part 2 does not reflect any unsecured deficiency claims that may be held by prepetition secured creditors.

To the extent they are known, Schedule E/F, Part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or the assumption and assignment of an executory contract or unexpired lease. Additionally, Schedule E/F, Part 2 does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

The Debtor owes certain patients refunds for services. The claim amount for such refunds is unliquidated and unknown at this time. Accordingly, the Debtor has not included such patient claims in Schedule E/F.

Schedule G. The Debtor's business is complex. Although the Debtor's existing books, records and financial systems have been relied upon to identify and schedule executory contracts and unexpired leases and diligent efforts have been made to ensure the accuracy of Schedule G, inadvertent errors, omissions or over-inclusion may have occurred. Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtor's reasonable efforts.

Listing a contract or lease on Schedule G does not constitute an admission that such contract or lease is an executory contract or unexpired lease or that such contract or lease was in effect on the Petition Date or is valid or enforceable. The Debtor hereby reserves all of its rights to dispute the validity, status or enforceability of any contracts, leases or other agreements set forth on Schedule G and to amend or supplement Schedule G as necessary. Certain of the contracts and leases listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth separately on Schedule G.

Certain confidentiality or non-disclosure agreements may not be listed on Schedule G. The Debtor reserves all of its rights with respect to such agreements.

Certain of the contracts and leases listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry. The Debtor expressly reserve its rights to challenge whether such related materials constitute an executory contract or unexpired lease, a single contract or lease or multiple, severable or separate contracts or leases.

The contracts, leases and other agreements listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments

and agreements that may not be listed therein despite the Debtor's use of reasonable efforts to identify such documents. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

The Debtor reserves all of its rights, claims and causes of action with respect to the contracts and leases on Schedule G, including the right to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's claim.

In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as subordination, nondisturbance and attornment agreements, supplemental agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Further, the Debtor reserves all of its rights to alter or amend these Schedules to the extent that additional information regarding the Debtor obligor to such executory contracts or unexpired leases becomes available. Certain of the executory contracts or unexpired leases may not have been memorialized and could be subject to dispute. Executory contracts that are oral in nature have not been included on Schedule G.

Omission of a contract or lease from Schedule G does not constitute an admission that such omitted contract or lease is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts or leases are not impaired by the omission.

The listing of any contract or lease on Schedule G does not constitute an admission by the Debtor as to the validity of any such contract or lease or an admission that such contract or lease is an executory contract or unexpired lease. The Debtor reserves all of its rights to dispute the effectiveness of any such contract or lease listed on Schedule G or to amend Schedule G at any time to remove any contract or lease.

Schedule H. The Debtor may not have identified certain guarantees associated with the Debtor's executory contracts, unexpired leases, secured financings, debt instruments and other such agreements. The Debtor reserves all of its rights to amend the Schedules to the extent that additional guarantees are identified or such guarantees are discovered to have expired or be unenforceable.

In the ordinary course of its business, the Debtor may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-claims and counter-claims against other parties. Because all such claims are contingent, disputed or unliquidated, such claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F, Part 2 and Statement 4a, as applicable.

Specific Disclosures with Respect to the Debtor's Statements

Statement 1. The amounts listed in Statement 1 reflect the revenue for the fiscal years 2017, 2018 and the year to date portion of fiscal year 2019 as such amount is calculated in the Debtor's records.

Statement 3. Statement 3 includes any disbursement or other transfer made by the Debtor except for those made to insiders (see Statement 4) and bankruptcy professionals (see Statement 11). The amounts listed in Statement 3 reflect the Debtor's disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3. All disbursements listed on Statement 3 are made through the Debtor's cash management system. Additionally, all disbursement information reported in Statement 3 for a specific Debtor pertains to the bank accounts maintained by that respective Debtor.

Statement 4. Statement 4 does not include payments made to Steven Smith or John Moore as such payments are made pursuant to an engagement letter with Healthcare Management Partners, as set forth in *Application of the Debtor to (I) Retain Healthcare Management Partners, LLC to Provide the Debtor a Chief Executive Officer and Certain Additional Personnel, (II) Designate Steven L. Smith as Chief Executive Officer for the Debtor, and (III) Retain Healthcare Management Partners, LLC as the Debtor's Financial Advisor Nunc Pro Tunc to the Petition Date* [Docket No. 132]. Accordingly, any payments to Steven Smith or John Moore are reflected in Statement 11.

Statement 7. Information provided in Statement 7 includes only those legal disputes and administrative proceedings that are formally recognized by an administrative, judicial or other adjudicative forum. In the Debtor's attempt to provide full disclosure, to the extent a legal dispute or administrative proceeding is not formally recognized by an administrative, judicial or other adjudicative forum due to certain procedural conditions that counterparties have yet to satisfy, the Debtor has identified such matters on Schedule E/F, Part 2. Additionally, any information contained in Statement 7 shall not be a binding representation of the Debtor's liabilities with respect to any of the suits and proceedings identified therein.

Statement 10. The Debtor occasionally incurs losses for a variety of reasons, including theft and property damage. The Debtor, however, may not have records of all such losses as to the extent such losses do not have a material impact on the Debtor's business or are not reported for insurance purposes.

Statement 14. With respect to information provided in Statement 14, the Debtor has, where applicable, disclosed the address of the main center of operations or headquarters, and have not included information regarding any related warehousing or storage facilities, or any other site or location where a portion of a Debtor's business operations are conducted.

Statement 30. Unless otherwise indicated in a specific response to Statement 30, the Debtor has included a comprehensive response to Statement 30 in Statement 4.

[Remainder of page intentionally left blank.]

Fill in this information to identify the case:

Debtor WALKER COUNTY HOSPITAL CORP., D/B/A HUNTSVILLE MEMORIAL HOSPITAL

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISION

Case number 19-36300
(if known)☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

04/19

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*

\$7,583,445.05

1b. **Total personal property:**Copy line 91A from *Schedule A/B*

\$17,463,349.59

1c. **Total of all property:**Copy line 92 from *Schedule A/B*

\$25,046,794.64

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$9,837,827.34

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*

NOT APPLICABLE

3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+

\$18,513,264.77

4. **Total liabilities**

Lines 2 + 3a + 3b

\$28,351,092.11

Fill in this information to identify the case:Debtor WALKER COUNTY HOSPITAL CORP., D/B/A HUNTSVILLE MEMORIAL HOSPITALUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISIONCase number 19-36300
(if known)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property****04/19**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: CASH AND CASH EQUIVALENTS**1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. CASH ON HAND**

2.1. PETTY CASH	\$7,601.63
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3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS (IDENTIFY ALL)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. BBVA USA	CHECKING	6053	\$0.00
3.2. BBVA USA	CHECKING	6061	\$0.00
3.3. BBVA USA	CHECKING	6088	\$0.00
3.4. BBVA USA	CHECKING	6118	\$0.00
3.5. BBVA USA	CHECKING	6142	\$89,549.39
3.6. BBVA USA	CHECKING	6150	\$0.00
3.7. BBVA USA	DEPOSIT	6037	\$69,275.08
3.8. BBVA USA	DEPOSIT	6045	\$0.00
3.9. BBVA USA	OPERATING	6029	\$3,627,590.84
3.10. US BANK	DEPOSIT	0100	\$0.00

4. OTHER CASH EQUIVALENTS**NONE****5 Total of Part 1.**

ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

\$3,794,016.94**Part 2: DEPOSITS AND PREPAYMENTS****6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?**

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

7.1.	CITY OF HUNTSVILLE - IMAGING CENTER - UTILITY DEPOSIT	\$700.00
7.2.	CITY OF HUNTSVILLE - MAIN HOSPITAL - UTILITY DEPOSIT	\$100.00
7.3.	CITY OF HUNTSVILLE - ORTHO - UTILITY DEPOSIT	\$170.00
7.4.	CITY OF HUNTSVILLE - WOMEN'S CENTER - UTILITY DEPOSIT	\$160.00
7.5.	MEDICAL OFFICE PARK - SECURITY DEPOSIT	\$31,625.00

8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.1.	3M HEALTH INFO SYSTEMS - PREPAID SOFTWARE FEE	\$62,020.92
8.2.	ABBOTT LABORATORIES - PREPAID MAINTENANCE	\$2,116.21
8.3.	ACCUDATA - PREPAID EXPENSES	\$1,000.00
8.4.	ACCUDATA - PREPAID MAINTENANCE	\$3,134.89
8.5.	ADJUVANT - PREPAID SOFTWARE FEE	\$895.00
8.6.	AMERICAN COLLEGE OF CARDIO - PREPAID SOFTWARE FEE	\$2,144.20
8.7.	AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION - PREPAID DUES	\$12,604.66
8.8.	AMERICAN COLLEGE OF SURGEONS - PREPAID DUES	\$5,088.25
8.9.	API HEALTHCARE - PREPAID MAINTENANCE	\$23,356.63
8.10.	ARTHREX - PREPAID EXPENSES	\$18,231.88
8.11.	ASSOCIATION OF WOMEN'S HEALTH - PREPAID EXPENSES	\$1,055.00
8.12.	AUDREY ORMBERG - PREPAID INSURANCE	\$2,020.04
8.13.	BAYER HEALTHCARE - PREPAID MAINTENANCE	\$5,437.68
8.14.	BECKMAN COULTER - PREPAID MAINTENANCE	\$18,960.58
8.15.	BOSTON SOFTWARE - PREPAID MAINTENANCE	\$750.00
8.16.	BROADLEAF IT - PREPAID MAINTENANCE	\$28,228.81
8.17.	BROADLEAF IT - PREPAID SOFTWARE FEE	\$107,249.57
8.18.	CARDINAL HEALTH - PREPAID EXPENSES	\$971.73
8.19.	CAREFUSION - PREPAID MAINTENANCE	\$15,466.68
8.20.	CASE COST-PREPAIDS - PREPAID EXPENSES	\$220,000.00
8.21.	CEDARON - PREPAID SOFTWARE FEE	\$2,958.30
8.22.	CELTIC LEASING - PREPAID EXPENSES	\$39,612.00
8.23.	CENTER FOR IMPROVEMENT IN HEALTHCARE QUALITY - PREPAID DUES	\$2,895.00
8.24.	CLINICAL INNOVATIONS, LLC - PREPAID EXPENSES	\$785.00
8.25.	CONDUENT - PREPAID MAINTENANCE	\$11,062.51
8.26.	CONDUENT CARE MANAGEMENT INC - PREPAID DUES	\$7,171.84
8.27.	CONDUENT CARE MANAGEMENT INC - PREPAID SOFTWARE FEE	\$12,041.62
8.28.	CONTROL COMPANY - PREPAID EXPENSES	\$305.14
8.29.	COREPOINT HEALTH - PREPAID SOFTWARE FEE	\$6,662.59
8.30.	DATA INNOVATIONS - PREPAID SOFTWARE FEE	\$1,340.10
8.31.	DATCARD - PREPAID SOFTWARE FEE	\$1,674.16
8.32.	DIGITAL TRANSCRIPTION SYSTEMS - PREPAID SOFTWARE FEE	\$7,315.00
8.33.	DOOR CONTROL SERVICES INC - PREPAID MAINTENANCE	\$715.50
8.34.	DR FIRST - PREPAID SOFTWARE FEE	\$3,815.43
8.35.	DUTCH OPHTHALIMIC USA - PREPAID EXPENSES	\$669.00
8.36.	DYMEDSO - PREPAID MAINTENANCE	\$125.00
8.37.	EBSCO - PREPAID SOFTWARE FEE	\$14,661.20
8.38.	ELLKAY - PREPAID DUES	\$2,550.00
8.39.	ELSEVIER - PREPAID SOFTWARE FEE	\$6,412.58
8.40.	EVOQUA - PREPAID MAINTENANCE	\$2,353.16
8.41.	FACILITIES TECHNOLOGY - PREPAID SOFTWARE FEE	\$1,012.17
8.42.	FACILITY GATEWAY CORP - PREPAID MAINTENANCE	\$770.60
8.43.	FORMFAST - PREPAID MAINTENANCE	\$11,991.00
8.44.	FORWARD ADVANTAGE - PREPAID MAINTENANCE	\$4,607.75
8.45.	GE HEALTHCARE - PREPAID SOFTWARE FEE	\$33,572.34
8.46.	GJERSET AND LORENZ LLP - PREPAID EXPENSES	\$22,499.96
8.47.	GLOBAL HEALTHCARE EXCHANGE - PREPAID SOFTWARE FEE	\$4,770.81
8.48.	GREATER HOUSTON - PREPAID DUES	\$2,500.00

Current value of
debtor's interest

8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.49.	HEALTHCARE BUSINESS - PREPAID SOFTWARE FEE	\$944.20
8.50.	HEALTHCARE MGMT PARTNER - PREPAID EXPENSES	\$156,666.64
8.51.	HEALTHCARE SOURCE - PREPAID SOFTWARE FEE	\$25,689.30
8.52.	HHSC-AR - PREPAID DUES	\$4,415.58
8.53.	HUGHEY AND PHILLIPS LLC - PREPAID EXPENSES	\$0.00
8.54.	IATRIC SYSTEMS - PREPAID MAINTENANCE	\$5,473.37
8.55.	IATRIC SYSTEMS, INC. - PREPAID SOFTWARE FEE	\$38,800.00
8.56.	ICONTRACTS - PREPAID SOFTWARE FEE	\$294.57
8.57.	IMO - PREPAID MAINTENANCE	\$1,072.95
8.58.	IMO - PREPAID SOFTWARE FEE	\$32,279.15
8.59.	INTOUCH HEALTH - PREPAID MAINTENANCE	\$6,835.00
8.60.	INTOUCH HEALTH - PREPAID SOFTWARE FEE	\$1,250.00
8.61.	LMRP MANAGER, LLC - PREPAID MAINTENANCE	\$944.80
8.62.	MAILFINANCE - PREPAID EXPENSES	\$206.31
8.63.	MCGRIFF, SEIBELS AND WILLIAMS INC - PREPAID INSURANCE	\$82,530.00
8.64.	MCKESSON - PREPAID SOFTWARE FEE	\$93.75
8.65.	MEDICAL OFFICE PARK - PREPAID EXPENSES	\$31,625.00
8.66.	MEDTRONIC - PREPAID MAINTENANCE	\$51.45
8.67.	MSDSOONLINE - PREPAID SOFTWARE FEE	\$1,867.10
8.68.	NAVEX GLOBAL - PREPAID DUES	\$2,215.69
8.69.	OPTIUMINSIGHT - PREPAID DUES	\$18,532.50
8.70.	OUTCOME SCIENCES - PREPAID SOFTWARE FEE	\$698.00
8.71.	PAPERLESSPAY - PREPAID SOFTWARE FEE	\$5,507.77
8.72.	PBGC - PREPAID INSURANCE	\$192,406.50
8.73.	PENRAD - PREPAID DUES	\$13,749.95
8.74.	PENRAD - PREPAID SOFTWARE FEE	\$1,333.30
8.75.	PENTAX - PREPAID SOFTWARE FEE	\$1,939.23
8.76.	PHYSIO CONTROL - PREPAID SOFTWARE FEE	\$2,891.27
8.77.	PRESS GANEY - PREPAID SOFTWARE FEE	\$753.49
8.78.	PRIME RATE PREMIUM FINANCE CORP - PREPAID INSURANCE	\$78,558.41
8.79.	QUEST SOFTWARE INC - PREPAID SOFTWARE FEE	\$8,624.99
8.80.	RAVE WIRELESS - PREPAID DUES	\$4,159.49
8.81.	RAVE WIRELESS - PREPAID SOFTWARE FEE	\$2,091.03
8.82.	RECONDO - PREPAID SOFTWARE FEE	\$48,408.00
8.83.	ROCHE DIAGNOSTIC - PREPAID SOFTWARE FEE	\$4,165.37
8.84.	SETRAC - PREPAID DUES	\$254.50
8.85.	SHI INTERNATIONAL - PREPAID MAINTENANCE	\$9,964.94
8.86.	SURGICAL INFORMATION - PREPAID SOFTWARE FEE	\$46,237.69
8.87.	SYMPLR - PREPAID SOFTWARE FEE	\$2,916.65
8.88.	TECH SYSTEMS - PREPAID SOFTWARE FEE	\$24,447.51
8.89.	TELCOR - PREPAID SOFTWARE FEE	\$6,451.32
8.90.	TEXAS DEPARTMENT OF STATE - PREPAID DUES	\$3,934.95
8.91.	TEXAS HOSPITAL ASSOC. - PREPAID DUES	\$3,472.50
8.92.	TEXAS MUTUAL - PREPAID INSURANCE	\$13,930.58
8.93.	TEXAS SELECT STAFFING, LLC - PREPAID EXPENSES	\$30,000.00
8.94.	THE JOINT COMMISSION - PREPAID DUES	\$1,934.20
8.95.	TRIGON - PREPAID EXPENSES	\$3,520.00
8.96.	TROY - PREPAID MAINTENANCE	\$265.00
8.97.	ULTRARAD CORPORATION - PREPAID SOFTWARE FEE	\$1,062.70
8.98.	UPTODATE - PREPAID SOFTWARE FEE	\$2,400.00
8.99.	UTAH MEDICAL PRODUCTS - PREPAID EXPENSES	\$166.33
8.100.	VERATHON - PREPAID EXPENSES	\$658.80
8.101.	VOLCANO CORPORATION - PREPAID EXPENSES	\$20,085.00
8.102.	WAGAMON - PREPAID EXPENSES	\$438.45
8.103.	ZIMMER - PREPAID EXPENSES	\$62,837.88
8.104.	ZOHO CORPORATION - PREPAID SOFTWARE FEE	\$461.69

9 Total of Part 2.
ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

\$1,782,852.34

Part 3: ACCOUNTS RECEIVABLE

10. DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

11. ACCOUNTS RECEIVABLE

90 DAYS OR LESS	\$23,823,423.62	-	\$20,663,228.97	=	\$3,160,194.65
	face amount		doubtful or uncollectable accounts		

12 Total of Part 3.
CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

\$3,160,194.65

Part 4: INVESTMENTS

13. DOES THE DEBTOR OWN ANY INVESTMENTS?

- ☐ No. Go to Part 5.
☒ Yes. Fill in the information below.

**Valuation method used
for current value**

**Current value of
debtor's interest**

14. MUTUAL FUNDS OR PUBLICLY TRADED STOCKS NOT INCLUDED IN PART 1

NAME OF FUND OR STOCK:

14.1. FNB TRUST ACCOUNT	FMV - CASH BASIS	\$6,651.14
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15. NON-PUBLICLY TRADED STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE

NONE

16. GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1

DESCRIBE:

NONE

17 Total of Part 4.
ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

\$6,651.14

Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS

18. DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description

**Date of the last
physical inventory**

**Net book value of
debtor's interest
(Where available)**

**Valuation method used
for current value**

**Current value of
debtor's interest**

19. RAW MATERIALS

NONE

20. WORK IN PROGRESS

NONE

21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE

NONE

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
22. OTHER INVENTORY OR SUPPLIES				
22.1. OTHER INVENTORY OR SUPPLIES	10/31/2019	\$1,745,251.66	COST	\$1,745,251.66
23 Total of Part 5. ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.				\$1,745,251.66
24. Is any of the property listed in Part 5 perishable? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Book value <u>\$140,702.86</u> Valuation method <u>Cost</u> Current value <u>\$140,702.86</u>				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)

27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)?
☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. CROPS—EITHER PLANTED OR HARVESTED			
29. FARM ANIMALS <i>EXAMPLES:</i> LIVESTOCK, POULTRY, FARM-RAISED FISH			
30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES) (OTHER THAN TITLED MOTOR VEHICLES)			
31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED			
32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6			
33 Total of Part 6. ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.			
NOT APPLICABLE			
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND COLLECTIBLES

38. DOES THE DEBTOR OWN OR LEASE ANY OFFICE FURNITURE, FIXTURES, EQUIPMENT, OR COLLECTIBLES?
☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. OFFICE FURNITURE			
NONE			
40. OFFICE FIXTURES			
40.1. OFFICE FIXTURES	\$2,285,962.58	GAAP SL - DEPRECIATION	\$2,285,962.58
41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE			
41.1. OFFICE EQUIPMENT	\$4,451,185.65	GAAP SL - DEPRECIATION	\$4,451,185.65
42. COLLECTIBLES <i>EXAMPLES:</i> ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES			
NONE			
43 Total of Part 7. ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			\$6,737,148.23
44. Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: MACHINERY, EQUIPMENT, AND VEHICLES

46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES? <input type="checkbox"/> No. Go to Part 9. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES			
47.1. 2009 FORD RANGER	\$2,979.16	DEPRECIATED COST	\$2,979.16
47.2. FORD F350 VAN	\$0.00	DEPRECIATED COST	\$0.00
48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES <i>EXAMPLES:</i> BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS			
NONE			
49. AIRCRAFT AND ACCESSORIES			
NONE			
50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)			
NONE			
51 Total of Part 8. ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.			\$2,979.16
52. Is a depreciation schedule available for any of the property listed in Part 8? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
53. Has any of the property listed in Part 8 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 9: REAL PROPERTY

54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 110 HILL AVE, COLDSRING, TEXAS	OWNER	\$3,883.45	GAAP (DEPRECIATED COST)	\$3,883.45
55.2. 3638 HWY 19, RIVERSIDE, TEXAS	OWNER	\$7,579,561.60	GAAP (DEPRECIATED COST)	\$7,579,561.60

56 Total of Part 9.
ADD THE CURRENT VALUE ON LINES 55.1 THROUGH 55.6 AND ENTRIES FROM ANY
ADDITIONAL SHEETS. COPY THE TOTAL TO LINE 88.

\$7,583,445.05

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY

59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS NONE			
61. INTERNET DOMAIN NAMES AND WEBSITES 61.1. HUNTSVILLEMEMORIAL.COM		N/A	UNKNOWN
62. LICENSES, FRANCHISES, AND ROYALTIES 62.1. TEXAS HOSPITAL LICENSE #008296			UNKNOWN
63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS NONE			
64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY NONE			
65. GOODWILL NONE			

66 Total of Part 10.
ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.

UNKNOWN

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
- ☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: ALL OTHER ASSETS

70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM?

INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. NOTES RECEIVABLE

DESCRIPTION (INCLUDE NAME OF OBLIGOR)

LONG TERM RECEIVABLES - PHYS	\$40,983.22		\$0.00	=	\$40,983.22
LOANS	total face amount	-	doubtful or uncollectable accounts		

72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS)

DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)

NONE

73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES

ACE AMERICAN - HELIPAD	UNKNOWN
ALLIED WORLD SPECIALTY INSURANCE COMPANY - TAIL - D&O/EMPLOYMENT PRACTICES/FIDUCIARY LIABILITY	UNKNOWN
C.N.A. - AUTOMOBILE	UNKNOWN
C.N.A. - PROPERTY	UNKNOWN
EVANSTON INSURANCE CO. (MARKEL) - UMBRELLA	UNKNOWN
EVANSTON INSURANCE CO. (MARKEL) - PROFESSIONAL AND GENERAL LIABILITY	UNKNOWN
HISCOX - CRIME	UNKNOWN
LIBERTY SURPLUS INSURANCE GROUP - STORAGE TANK LIABILITY	UNKNOWN
LLOYD'S OF LONDON - CYBER/BILLING	UNKNOWN
E&O	
SOMPCO (ENDURANCE) - D&O SIDE A ONLY	UNKNOWN
TEXAS MEDICAL LIABILITY TRUST - MID-LEVELS PROFESSIONAL LIABILITY	UNKNOWN
TEXAS MEDICAL LIABILITY TRUST - PHYSICIAN ORG - DOCTORS PROFESSIONAL LIABILITY INSURANCE	UNKNOWN
TEXAS MUTUAL - WORKERS' COMPENSATION	UNKNOWN
WESCO - DIRECTORS & OFFICERS LIABILITY AND FIDUCIARY LIABILITY	UNKNOWN

74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)

NONE

75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS

NONE

76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY

NONE

77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP

CONSTRUCTION IN PROGRESS	\$62,000.00
FNB TRUST ACCOUNT - MAMMOGRAM FUND	\$72,875.06
FNB TRUST ACCOUNT - VOACTIONAL NURSE SCHOLARSHIP	\$37,524.06
FNB TRUST ACCOUNT - WENDY BATTEN SCHOLARSHIP	\$20,873.13

78 Total of Part 11.

ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

\$234,255.47

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$3,794,016.94	
81. Deposits and prepayments. Copy line 9, Part 2.	\$1,782,852.34	
82. Accounts receivable. Copy line 12, Part 3.	\$3,160,194.65	
83. Investments. Copy line 17, Part 4.	\$6,651.14	
84. Inventory. Copy line 23, Part 5.	\$1,745,251.66	
85. Farming and fishing-related assets. Copy line 33, Part 6.		
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$6,737,148.23	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$2,979.16	
88. Real property. Copy line 56, Part 9. →		\$7,583,445.05
89. Intangibles and intellectual property. Copy line 66, Part 10.	UNKNOWN	
90. All other assets. Copy line 78, Part 11. +	\$234,255.47	
91. Total. Add lines 80 through 90 for each column. 91a.	\$17,463,349.59 + 91b	\$7,583,445.05
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$25,046,794.64

Fill in this information to identify the case:Debtor WALKER COUNTY HOSPITAL CORP., D/B/A HUNTSVILLE MEMORIAL HOSPITALUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISIONCase number 19-36300
(if known)☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****04/19****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Creditors with Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A**Column B***Amount of claim****Value of collateral that supports this claim***Do not deduct the value of collateral.*

2.1	Creditor's name BANC OF AMERICA LEASING & CAPITAL LLC Creditor's mailing address 2059 NORTHLAKE PKWY 3 NORTH TUCKER, GA 30084 Creditor's email address Date or dates debt was incurred 4/16/2010 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 100010868741 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.2	Creditor's name BANC OF AMERICA LEASING & CAPITAL LLC Creditor's mailing address 2059 NORTHLAKE PKWY 3 NORTH TUCKER, GA 30084 Creditor's email address Date or dates debt was incurred 6/11/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1300186567 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.3	Creditor's name CARDINAL HEALTH 110 LLC, AS AGENT Creditor's mailing address 7000 CARDINAL PLACE DUBLIN, OH 43017 Creditor's email address Date or dates debt was incurred 8/30/2018 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 180030792070 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.4	Creditor's name CSI LEASING INC Creditor's mailing address 9990 OLD OLIVE STREET ROAD, SUITE 101 ST LOUIS, MO 63141 Creditor's email address Date or dates debt was incurred 2/14/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1300049248 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.5	Creditor's name CSI LEASING INC Creditor's mailing address 9990 OLD OLIVE STREET ROAD, SUITE 101 ST LOUIS, MO 63141 Creditor's email address Date or dates debt was incurred 9/21/2016 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 160031438440 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.6	Creditor's name CSI LEASING INC Creditor's mailing address 9990 OLD OLIVE STREET ROAD, SUITE 101 ST LOUIS, MO 63141 Creditor's email address Date or dates debt was incurred 2/15/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1300052716 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.7	Creditor's name DE LAGE LANDEN FINANCIAL SERVICES INC Creditor's mailing address 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087 Creditor's email address Date or dates debt was incurred 7/6/2018 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 180023529272 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.8	Creditor's name ESPY SERVICES INC Creditor's mailing address 2213 16TH ST BEDFORD, IN 47421 Creditor's email address Date or dates debt was incurred 5/10/2019 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1133290 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

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		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.9	Creditor's name GE HFS LLC Creditor's mailing address 12854 KENAN DRIVE, SUITE #201 JACKSONVILLE, FL 32258 Creditor's email address Date or dates debt was incurred 9/12/2019 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 190034759442 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.10	Creditor's name GE HFS LLC Creditor's mailing address 12854 KENAN DRIVE, SUITE #201 JACKSONVILLE, FL 32258 Creditor's email address Date or dates debt was incurred 8/26/2008 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 80028452180 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.11	Creditor's name GE HFS LLC Creditor's mailing address PO BOX 414, W-490 MILWAUKEE, WI 53201 Creditor's email address Date or dates debt was incurred 1/11/2016 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1600009326 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.12	Creditor's name GE HFS LLC Creditor's mailing address PO BOX 414, W-490 MILWAUKEE, WI 53201 Creditor's email address Date or dates debt was incurred 10/10/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 130032294721 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.13	Creditor's name GENERAL ELECTRIC CAPITAL CORPORATION Creditor's mailing address PO BOX 414, W-490 MILWAUKEE, WI 53201 Creditor's email address Date or dates debt was incurred 9/10/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 130028743038 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.14	Creditor's name GENERAL ELECTRIC CAPITAL CORPORATION Creditor's mailing address PO BOX 414, W-490 MILWAUKEE, WI 53201 Creditor's email address Date or dates debt was incurred 1/11/2016 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1600009327 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.15	Creditor's name HEALTHCARE FINANCE GROUP LLC Creditor's mailing address 199 WATER STREET, 31ST FLOOR NEW YORK, NY 10038 Creditor's email address Date or dates debt was incurred 9/19/2016 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1600310091 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.16	Creditor's name INTUITIVE SURGICAL INC Creditor's mailing address 1020 KIFER ROAD SUNNYVALE, CA 94086 Creditor's email address Date or dates debt was incurred 10/28/2015 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 150034560357 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.17	Creditor's name INTUITIVE SURGICAL INC Creditor's mailing address 1020 KIFER ROAD SUNNYVALE, CA 94086 Creditor's email address Date or dates debt was incurred 1/11/2017 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 170001205925 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.18	<p>Creditor's name LEASING ASSOCIATES OF BARRINGTON INC</p> <p>Creditor's mailing address 220 NORTH RIVER STREET EAST DUNDEE, IL 60118</p> <p>Creditor's email address</p> <p>Date or dates debt was incurred 12/22/2015</p> <p>Last 4 digits of account number:</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien UCC FILING NUMBER - 150040217707</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	UNKNOWN	UNKNOWN
2.19	<p>Creditor's name LEASING ASSOCIATES OF BARRINGTON INC</p> <p>Creditor's mailing address 33 WEST HIGGINS ROAD, SUITE 1030 SOUTH BARRINGTON, IL 60010</p> <p>Creditor's email address</p> <p>Date or dates debt was incurred 10/17/2012</p> <p>Last 4 digits of account number:</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien UCC FILING NUMBER - 120032777362</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	UNKNOWN	UNKNOWN
2.20	<p>Creditor's name LEASING ASSOCIATES OF BARRINGTON INC</p> <p>Creditor's mailing address 33 WEST HIGGINS ROAD, SUITE 1030 SOUTH BARRINGTON, IL 60010</p> <p>Creditor's email address</p> <p>Date or dates debt was incurred 4/29/2013</p> <p>Last 4 digits of account number:</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien UCC FILING NUMBER - 130013448044</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	UNKNOWN	UNKNOWN

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		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.21	Creditor's name LETSOS COMPANY Creditor's mailing address PO BOX 36927 HOUSTON, TX 77236 Creditor's email address Date or dates debt was incurred 2/15/2019 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1123429 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.22	Creditor's name MB FINANCIAL BANK, N.A. Creditor's mailing address 16111 NORTH RIVER ROAD ROSEMONT, IL 60018 Creditor's email address Date or dates debt was incurred 3/11/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 130007474531 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.23	Creditor's name MED ONE CAPITAL FUNDING LLC Creditor's mailing address 10712 S 1300 E SANDY, UT 84094 Creditor's email address Date or dates debt was incurred 9/11/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 130029506723 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.24	Creditor's name MED ONE CAPITAL FUNDING LLC Creditor's mailing address 10712 S 1300 E SANDY, UT 84094 Creditor's email address Date or dates debt was incurred 3/12/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1300077536 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.25	Creditor's name MIDCAP FINANCIAL TRUST, AS AGENT Creditor's mailing address C/O MIDCAP FINANCIAL SERVICES LLC , AS SERVICER 7255 WOODMONT AVENUE, SUITE 200 BETHESDA, MD 20814 Creditor's email address Date or dates debt was incurred 5/16/2014 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 140015700199 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.26	Creditor's name MIDCAP FUNDING IV TRUST Creditor's mailing address AS SUCCESSOR-BY-ASSIGNMENT TO MIDCAP FINANCIAL TRUST C/O MIDCAP FINANCIAL SVCS AS SERVICER 7255 WOODMONT AVENUE SUITE 200 BETHESDA, MD 20814 Creditor's email address Date or dates debt was incurred Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien CREDIT FACILITY Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,043,447.84	UNKNOWN

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		<i>Column A</i> Amount of claim <i>Do not deduct the value of collateral.</i>	<i>Column B</i> Value of collateral that supports this claim	
2.27	Creditor's name MIDCAP FUNDING IV TRUST, AS AGENT Creditor's mailing address C/O MIDCAP FINANCIAL SERVICES LLC, AS SERVICER 7255 WOODMONT AVENUE, SUITE 200 BETHESDA, MD 20814 Creditor's email address Date or dates debt was incurred 3/7/2019 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1900082967 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.28	Creditor's name PHILIPS MEDICAL CAPITAL LLC Creditor's mailing address 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087 Creditor's email address Date or dates debt was incurred 1/31/2014 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 140003205641 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.29	Creditor's name PNC EQUIPMENT FINANCE LLC Creditor's mailing address 2300 CABOT DRIVE, SUITE 355 LISLE, IL 60532 Creditor's email address Date or dates debt was incurred 9/14/2012 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 120029269849 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

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		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.30	Creditor's name PRIME ALLIANCE BANK Creditor's mailing address 1868 SOUTH 500 WEST WOODS CROSS, UT 84087 Creditor's email address Date or dates debt was incurred 9/11/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 130029506723 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.31	Creditor's name STRYKER FINANCE Creditor's mailing address 950 TRADE CENTRE WAY, SUITE 200 KALAMAZOO, MI 49002 Creditor's email address Date or dates debt was incurred 11/5/2012 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 120034963482 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.32	Creditor's name STRYKER FINANCE, A DIVISION OF STRYKER SALES CORPORATION Creditor's mailing address 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087 Creditor's email address Date or dates debt was incurred 6/13/2014 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 140018939247 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.33	Creditor's name U.S. BANK, N.A. Creditor's mailing address 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202 Creditor's email address Date or dates debt was incurred 2/12/2016 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1600047095 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.34	Creditor's name U.S. BANK, N.A. Creditor's mailing address 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202 Creditor's email address Date or dates debt was incurred 5/2/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1300139290 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.35	Creditor's name U.S. BANK, N.A. Creditor's mailing address 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202 Creditor's email address Date or dates debt was incurred 6/21/2018 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1800217501 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.36	Creditor's name U.S. BANK, N.A. Creditor's mailing address 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202 Creditor's email address Date or dates debt was incurred 1/2/2018 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1800000468 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.37	Creditor's name U.S. BANK, N.A. Creditor's mailing address 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202 Creditor's email address Date or dates debt was incurred 8/7/2013 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 1300253083 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.38	Creditor's name WALKER COUNTY HOSPITAL DISTRICT Creditor's mailing address 1411 11TH STREET HUNTSVILLE, TX 77340 Creditor's email address Date or dates debt was incurred Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien DEED OF TRUST AND SECURITY AGREEMENT Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,794,379.50	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.39	Creditor's name WALKER COUNTY HOSPITAL DISTRICT Creditor's mailing address 1411 11TH STREET HUNTSVILLE, TX 77340 Creditor's email address Date or dates debt was incurred 7/9/2019 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 190025891722 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.40	Creditor's name WISIACKAS, PHILIP., DR. Creditor's mailing address DBA DOCTOR PHILA'S FAMILY MEDICINE 7000 HIGHWAY 224 COLDSPRING, TX 77331 Creditor's email address Date or dates debt was incurred 7/22/2015 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 150023304200 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
2.41	Creditor's name XEROX FINANCIAL SERVICES Creditor's mailing address 201 MERRITT 7 NORFOLK, CT 06856 Creditor's email address Date or dates debt was incurred 9/5/2019 Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien Describe the lien UCC FILING NUMBER - 190033796472 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN	UNKNOWN

Part 1: Additional Page

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.42	<p>Creditor's name XEROX FINANCIAL SERVICES</p> <p>Creditor's mailing address 45 GLOVER AVE NORFOLK, CT 06856</p> <p>Creditor's email address</p> <p>Date or dates debt was incurred 7/18/2015</p> <p>Last 4 digits of account number:</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien UCC FILING NUMBER - 150022854976</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	UNKNOWN	UNKNOWN
3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	\$9,837,827.34		

Fill in this information to identify the case:Debtor WALKER COUNTY HOSPITAL CORP., D/B/A HUNTSVILLE MEMORIAL HOSPITALUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISIONCase number 19-36300
(if known)☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****04/19**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address 4 IMPRINT 101 COMMERCE STREET OSHKOSK, WI 54901 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$594.52 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address ABBOTT LABORATORIES 100 ABBOTT PARK ROAD ABBOT PARK, IL 60064 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$106,869.95 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address ABBOTT NUTRITION 75 REMITTANCE DR STE 1310 CHICAGO, IL 60675-1310 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$117.30 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

			Amount of claim
3.4	Nonpriority creditor's name and mailing address ABBOTT VASCULAR 3200 LAKESIDE DRIVE SANTA CLARA, CA 75054 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,850.00
3.5	Nonpriority creditor's name and mailing address ABC PEST & LAWN SERVICES 4202 STATE HWY 6 SOUTH COLLEGE STATION, TX 77845 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,885.00
3.6	Nonpriority creditor's name and mailing address ABDULLAH, ARIF M.D., P.A. 500 MEDICAL CENTER BLVD STE 218 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,424.04
3.7	Nonpriority creditor's name and mailing address ACCOUNTABLE HEALTHCARE STAFFING, INC 999 YAMATO ROAD STE 210 BOCA RATON, FL 33431 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,543.01
3.8	Nonpriority creditor's name and mailing address ACS PRIMARY CARE PHYS SW PA PO BOX 636018 CINCINNATI, OH 45263-6018 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,660.56

Part 2: Additional Page

			Amount of claim
3.9	Nonpriority creditor's name and mailing address ACUMED LLC 5885 NW CORNELIUS PASS RD SUITE 100 HILLSBORO, OR 97123 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,488.00
3.10	Nonpriority creditor's name and mailing address ADVANTAGE MEDICAL ELECTRONICS 12455 WESTPARK DR H15 HOUSTON, TX 77082 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,360.00
3.11	Nonpriority creditor's name and mailing address AESCULAP IMPLANT SYSTEMS, LLC 3773 CORPORATE PKWY CENTER VALLEY, PA 18034 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,249.95
3.12	Nonpriority creditor's name and mailing address AGILITI HEALTH, INC 6625 WEST 78TH STREET SUITE 300 MINNEAPOLIS, MN 55439 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,743.37
3.13	Nonpriority creditor's name and mailing address AIV 7485 SHIPLEY AVE HARMANS, MD 21077 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,727.94

Part 2: Additional Page

			Amount of claim
3.14	Nonpriority creditor's name and mailing address ALCON LABORATORIES, INC 69201 SOUTH FREEWAY FORT WORTH, TX 76134 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,376.26
3.15	Nonpriority creditor's name and mailing address ALERE NORTH AMERICA INC 30 SOUTH KELLER RD SUITE 100 ORLANDO, FL 32810 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,425.00
3.16	Nonpriority creditor's name and mailing address ALIMED INC 297 HIGH STREET DEDHAM, MA 02026 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$745.52
3.17	Nonpriority creditor's name and mailing address ALLIED UNIVERSAL SECURITY SERVICES PO BOX 828854 PHILADELPHIA, PA 19182-8854 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,735.52
3.18	Nonpriority creditor's name and mailing address ALLOSOURCE 6278 S TROY CIRCLE CENTENNIAL, CO 80111 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,780.00

Part 2: Additional Page

			Amount of claim
3.19	Nonpriority creditor's name and mailing address ALTOM CONSULTING & MARKETING, INC PO BOX 690 HUNTSVILLE, TX 77342 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.70
3.20	Nonpriority creditor's name and mailing address AMAZON.COM 410 TERRY AVE N SEATTLE, WA 98109 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.24
3.21	Nonpriority creditor's name and mailing address AMERICAN ACADEMY OF PEDIATRICS PO BOX 776442 CHICAGO, IL 60677-6442 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.48
3.22	Nonpriority creditor's name and mailing address AMERICAN COLLEGE OF CARDIOLOGY FOUN 2400 N STREET NW WASHINGTON, DC 20037 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,505.00
3.23	Nonpriority creditor's name and mailing address AMERICAN COLLEGE OF SURGEONS 633 NORTH SAINT CLAIR STREET CHICAGO, IL 60611 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,400.00

Part 2: Additional Page

			Amount of claim
3.24	Nonpriority creditor's name and mailing address AMERICAN INCOME LIFE INSURANCE PO BOX 50158 INDIANAPOLIS, IN 46250 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.88
3.25	Nonpriority creditor's name and mailing address AMES COLOR FILE 605 4TH STREET MAYVILLE, WI 53050 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,930.00
3.26	Nonpriority creditor's name and mailing address AMO SALES AND SERVICE 1700 E ST ANDREW PLACE SANTA ANA, CA 92705 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,689.45
3.27	Nonpriority creditor's name and mailing address ANGELICA TEXTILE SERVICES 1901 S MEYERS RD SUITE 630 OAKBROOK TERRACE, IL 60181 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,803.54
3.28	Nonpriority creditor's name and mailing address ANGIO DYNAMICS INC 1 HORIZON WAY MANCHESTER, GA 31816 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,020.00

Part 2: Additional Page

			Amount of claim
3.29	Nonpriority creditor's name and mailing address AON CONSULTING, INC 200 E RANDOLPH STREET CHICAGO, IL 60601 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.30	Nonpriority creditor's name and mailing address API HEALTHCARE CORPORATION 1550 INNOVATION WAY HARTFORD, WI 53027 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,104.96
3.31	Nonpriority creditor's name and mailing address APPLIED MEDICAL 6551 BRECKSVILLE ROAD INDEPENDENCE, OH 44131 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,538.00
3.32	Nonpriority creditor's name and mailing address ARGON MEDICAL DEVICES, INC. 1445 FLAT CREEK RD ATHENS, TX 75751 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,823.38
3.33	Nonpriority creditor's name and mailing address ARRAY SOFTWARE 540 MEADOW STREET AGAWAM, MA 01001 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.45

Part 2: Additional Page

			Amount of claim
3.34	Nonpriority creditor's name and mailing address A-S 103 SAM HOUSTON TOWN CENTER, LP KATHERINE HATCHER PRESIDENT 8827 W SAM HOUSTON PKWY NORTH STE 200 HOUSTON, TX 77040 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189,256.34
3.35	Nonpriority creditor's name and mailing address ASPIRE HOSPITAL, LLC 2006 SOUTH LOOP 336 WEST CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,887.85
3.36	Nonpriority creditor's name and mailing address ATHENAHEALTH INC 311 ARSENAL STREET WATERTOWN, MA 02472-2782 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,774.91
3.37	Nonpriority creditor's name and mailing address ATLANTA COMPUTER SALES, INC. 1925 GRASSLAND PARKWAY ALPHARETTA, GA 30004 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,586.95
3.38	Nonpriority creditor's name and mailing address ATLANTIS COMMERCIAL SERVICES 1314 FM 646 SUITE 24B DICKINSON, TX 77539 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,051.10

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			Amount of claim
3.39	Nonpriority creditor's name and mailing address ATLAS MEDSTAFF, LLC 11840 NICHOLAS ST STE 125 OMAHA, NE 68154 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,020.75
3.40	Nonpriority creditor's name and mailing address ATOMIC ENERGY INDUSTRIAL 9315 KIRBY DRIVE HOUSTON, TX 77054-2516 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$436.44
3.41	Nonpriority creditor's name and mailing address AUSTIN ANESTHESIOLOGY GROUP PLLC PO BOX 535488 ATLANTA, GA 30353-5488 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.12
3.42	Nonpriority creditor's name and mailing address AVANTE ULTRASOUND 1040 DERITA ROAD SUITE A CONCORD, NC 28027 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,490.86
3.43	Nonpriority creditor's name and mailing address AVELLA OF HOUSTON, LLC 9265 KIRBY DRIVE HOUSTON, TX 77054 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.18

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			Amount of claim
3.44	Nonpriority creditor's name and mailing address AVMED, INC. PO BOX 15548 AUSTIN, TX 78761 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,543.91
3.45	Nonpriority creditor's name and mailing address BARD ACCESS SYSTEM 605 NORTH 5600 WEST SALT LAKE CITY, UT 81446 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,540.65
3.46	Nonpriority creditor's name and mailing address BARRIER REEF EMERGENCY PHYSICIANS PO BOX 98694 LAS VEGAS, NV 89193 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.92
3.47	Nonpriority creditor's name and mailing address BAUSCH & LOMB SURGICAL 3365 TREE COURT IND BLVD ST LOUIS, MO 63122-8678 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$955.93
3.48	Nonpriority creditor's name and mailing address BAXTER HEALTHCARE CORP 1 BAXTER PARKWAY DEERFIELD, IL 60015 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,603.62

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			Amount of claim
3.49	Nonpriority creditor's name and mailing address BAYER HEALTHCARE LLC 100 BAYER RD PITTSBURGH, PA 15205 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,469.79
3.50	Nonpriority creditor's name and mailing address BAYLOR PATHOLOGY MARTIN MATZUK MD PHD INTERIM CHAIR 1 BAYLOR PLAZA 286A HOUSTON, TX 77030 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196,215.80
3.51	Nonpriority creditor's name and mailing address BCBS OF TX NANCY C PRUITT COUNSEL PO BOX 805107 CHICAGO, IL 60680-4140 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393,585.37
3.52	Nonpriority creditor's name and mailing address BECKMAN COULTER INC PO BOX 3100 FULLERTON, CA 92834-3100 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,872.68
3.53	Nonpriority creditor's name and mailing address BEEKLEY CORPORATION ONE PRESTIGE LANE BRISTOL, CT 06010 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,861.00

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			Amount of claim
3.54	Nonpriority creditor's name and mailing address BEHAVIORAL HEALTH CONNECTION 6500 HORNWOOD DR HOUSTON, TX 77074 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,060.00
3.55	Nonpriority creditor's name and mailing address BEST CHOICE ANES AND PAIN SVC, PLLC PO BOX 3856 HOUSTON, TX 77253-3856 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,082.88
3.56	Nonpriority creditor's name and mailing address BGW DATA SYSTEMS, LLC 233 RUSTIC OAKS DRIVE BRYAN, TX 77808 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,859.00
3.57	Nonpriority creditor's name and mailing address BIO-RAD LABORATORIES INC 4000 ALFRED NOBEL DR HERCULES, CA 94547 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,507.39
3.58	Nonpriority creditor's name and mailing address BIOTRONIK INC 6024 JEAN ROAD LAKE OSWEGO, OR 97035 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,247.00

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			Amount of claim
3.59	Nonpriority creditor's name and mailing address BOSTON SCIENTIFIC CORPORATION ONE BOSTON SCIENTIFIC PLACE NATICK, MA 01760-1537 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,272.29
3.60	Nonpriority creditor's name and mailing address BRACCO DIAGNOSTIC, INC PO BOX 978952 DALLAS, TX 75397-8952 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,648.77
3.61	Nonpriority creditor's name and mailing address BRIGGS CORPORATION 4900 UNIVERSITY SUITE 200 WEST DES MOINES, IA 50266 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$834.65
3.62	Nonpriority creditor's name and mailing address BROADLEAF IT, LLC 13100 WORTHAM CENTER DRIVE SUITE 150 HOUSTON, TX 77065-5633 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,021.28
3.63	Nonpriority creditor's name and mailing address BRYAN RADIOLOGY ASSOC PO BOX 5306 BRYAN, TX 77805 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$743.64

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			Amount of claim
3.64	Nonpriority creditor's name and mailing address C & A INDUSTRIES INC 13609 CALIFORNIA ST OMAHA, NE 68154-5260 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,462.01
3.65	Nonpriority creditor's name and mailing address C R BARD INC PO BOX 920008 ATLANTA, GA 30392 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,601.33
3.66	Nonpriority creditor's name and mailing address C R BARD INC PO BOX 920008 ATLANTA, GA 30392 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,426.05
3.67	Nonpriority creditor's name and mailing address CARDINAL HEALTH PO BOX 95600 ALBUQUERQUE, NM 87100 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$721.25
3.68	Nonpriority creditor's name and mailing address CARDIONET, LLC PO BOX 417570 BOSTON, MA 02241-7570 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,145.00

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			Amount of claim
3.69	Nonpriority creditor's name and mailing address CARDIOVASCULAR SYSTEMS INC 651 CAMPUS DRIVE ST PAUL, MN 55112 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,059.45
3.70	Nonpriority creditor's name and mailing address CAREFUSION 10221 WATERIDGE CIRCLE SAN DIEGO, CA 92121-1579 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257,227.85
3.71	Nonpriority creditor's name and mailing address CAREFUSION 2200, INC. 25146 NETWORK PLACE CHICAGO, IL 60673-1250 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,638.31
3.72	Nonpriority creditor's name and mailing address CAREFUSION SOLUTIONS, LLC 10221 WATERIDGE CIRCLE SAN DIEGO, CA 92121-1579 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,086.00
3.73	Nonpriority creditor's name and mailing address CARR, RIGGS & INGRAM, LLC PO BOX 312044 ENTERPRISE, AL 36331 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,500.00

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			Amount of claim
3.74	Nonpriority creditor's name and mailing address CASPERSON, TIMOTHY C. 100 MEDICAL CENTER BLVD STE 216 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,645.39
3.75	Nonpriority creditor's name and mailing address CAVALIER HEALTH SERVICES LLC ATTN: DAVID CAVALIER PRESIDENT 7105 OLD KATY RD APT 3101 HOUSTON, TX 77024 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,558,546.63
3.76	Nonpriority creditor's name and mailing address CBT NUGGETS LLC 1550 VALLEY RIVER DRIVE EUGENE, OR 97401 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.00
3.77	Nonpriority creditor's name and mailing address CC HMS TX PLLC PO BOX 225154 DALLAS, TX 75229-5154 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.21
3.78	Nonpriority creditor's name and mailing address CEDARON MEDICAL, INC PO BOX 2100 DAVIS, CA 95617 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$641.29

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			Amount of claim
3.79	Nonpriority creditor's name and mailing address CELTIC LEASING - BECKMAN HEMATOLOGY ANALYZERS 4 PARK PLAZA SUITE 300 IRVINE, CA 92614 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPITAL LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,280.66
3.80	Nonpriority creditor's name and mailing address CELTIC LEASING - SIEMENS SUMBIA S SERIES CAMERA 4 PARK PLAZA SUITE 300 IRVINE, CA 92614 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPITAL LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,734.65
3.81	Nonpriority creditor's name and mailing address CELTIC LEASING CORP PO BOX 87618 DEPT 10295 CHICAGO, IL 60680 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.85
3.82	Nonpriority creditor's name and mailing address CENTER FOR IMPROVEMENT IN PO BOX 3620 MCKINNEY, TX 75070 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,895.00
3.83	Nonpriority creditor's name and mailing address CENTURION MEDICAL PRODUCTS PO BOX 510 WILLIAMSTON, MI 48895 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,211.60

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			Amount of claim
3.84	Nonpriority creditor's name and mailing address CHANNELFORD ASSOCIATES, INC 2006 CHANNELFORD ROAD WESTLAKE, CA 91361 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,354.74
3.85	Nonpriority creditor's name and mailing address CHARLES MONDAY, JR. MD PA PO BOX 1920 HUNTSVILLE, TX 77342-1920 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,778.26
3.86	Nonpriority creditor's name and mailing address CHCA CONROE, L.P. 504 MEDICAL CENTER BLVD CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,880.16
3.87	Nonpriority creditor's name and mailing address CHEM-AQUA, INC. 2727 CHEMSEARCH BLVD. IRVING, TX 75062 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$915.25
3.88	Nonpriority creditor's name and mailing address CHEMSEARCH PO BOX 971269 DALLAS, TX 75397-1269 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$307.00

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			Amount of claim
3.89	Nonpriority creditor's name and mailing address CIGNA SPECIAL INVESTIGATION UNIT DAVID CORDANI PRESIDENT 900 COTTAGE GROVE RD HARTFORD, CT 06152 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176,248.48
3.90	Nonpriority creditor's name and mailing address CINTAS CORPORATION LOC. 619 PO BOX 1296 CONROE, TX 77305 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,529.00
3.91	Nonpriority creditor's name and mailing address CITY OF RIVERSIDE PO BOX 623 RIVERSIDE, TX 77367-0623 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.00
3.92	Nonpriority creditor's name and mailing address CIVCO MEDICAL INSTRUMENTS CO. INC 102 FIRST STREET SOUTH KALONA, IA 52247 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.00
3.93	Nonpriority creditor's name and mailing address CLAFLIN SERVICE COMPANY 1206 JEFFERSON BLVD WARWICK, RI 02886 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,678.40

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			Amount of claim
3.94	Nonpriority creditor's name and mailing address CLARIENT DIAGNOSTIC SERVICES, INC PO BOX 865360 ORLANDO, FL 32886-5360 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,578.31
3.95	Nonpriority creditor's name and mailing address CLEAN DRAINS INC 3004 MONTGOMERY RD HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.96	Nonpriority creditor's name and mailing address CLINICAL INNOVATIONS, LLC 2840 MOMENTUM PLACE CHICAGO, IL 60689-5327 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,547.50
3.97	Nonpriority creditor's name and mailing address CLINICAL PATHOLOGY LABS, INC PO BOX 141669 AUSTIN, TX 78714-1669 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,988.18
3.98	Nonpriority creditor's name and mailing address COASTAL LIFE SYSTEMS INC 5656 S STAPLES STE 328 CORPUS CHRISTI, TX 78411 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.99

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			Amount of claim
3.99	Nonpriority creditor's name and mailing address COASTAL PATHOLOGY INC PO BOX 733344 DALLAS, TX 75373-3344 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,148.44
3.100	Nonpriority creditor's name and mailing address COLLEGE OF AMERICAN PATHOLOGISTS 325 WAUKEGAN RD NORTHFIELD, IL 60093-2750 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,575.02
3.101	Nonpriority creditor's name and mailing address COMMUNITY PATHOLOGY ASSOCIATES PO BOX 4677 HOUSTON, TX 77210-4677 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,884.45
3.102	Nonpriority creditor's name and mailing address COMPASS POINT EMERGENCY PHYSICIANS PO BOX 99099 LAS VEGAS, NV 89193 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284.00
3.103	Nonpriority creditor's name and mailing address COMPREHENSIVE PHARMACY SERVICES PO BOX 116474 ATLANTA, GA 30368-6474 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,548.91

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			Amount of claim
3.104	Nonpriority creditor's name and mailing address CONCENTRIC RECEIVABLES MGT, LTD 1220 BLALOCK SUITE 310 HOUSTON, TX 77055 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,287.35
3.105	Nonpriority creditor's name and mailing address CONE INSTRUMENTS, LLC 5201 NAIMAN PARKWAY SOLON, OH 44139 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,086.75
3.106	Nonpriority creditor's name and mailing address CONMED CORPORATION 525 FRENCH RD UTICA, NY 13502 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,133.80
3.107	Nonpriority creditor's name and mailing address CONROE AMBULATORY ANESTHESIA, PA 503 MEDICAL CENTER BLVD STE 110 CONROE, TX 77304-2928 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,187.18
3.108	Nonpriority creditor's name and mailing address CONROE REGIONAL MEDICAL CNTR 504 MEDICAL CENTER BLVD CONROE, TX 73304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,299.11

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			Amount of claim
3.109	Nonpriority creditor's name and mailing address CONROE WELDING SUPPLY 415 SOUTH FRAZIER CONROE, TX 77301 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,565.61
3.110	Nonpriority creditor's name and mailing address CONSOLIDATED COMMUNICATIONS OF 121 SOUTH 17TH STREET MATTOON, IL 61938 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,269.00
3.111	Nonpriority creditor's name and mailing address COOK MEDICAL INCORPORATED 22988 NETWORK PLACE CHICAGO, IL 60673-1229 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,276.99
3.112	Nonpriority creditor's name and mailing address COOK MEDICAL LLC P.O. BOX 4195 BLOOMINGTON, IN 47402-4195 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPITAL LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,739.95
3.113	Nonpriority creditor's name and mailing address COOPER SURGICAL 95 CORPORATE DRIVE TRUMBULL, CT 06611 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,726.90

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			Amount of claim
3.114	Nonpriority creditor's name and mailing address COVIDIEN 15 HAMPSHIRE STREET MANSFIELD, MA 02048 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,363.29
3.115	Nonpriority creditor's name and mailing address CRANFORD MEDICAL IMAGING 600 CENTURY PLAZA DR SUITE C140 HOUSTON, TX 77073 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,202.50
3.116	Nonpriority creditor's name and mailing address CROTHALL HEALTHCARE, INC 1500 LIBERTY RIDGE DR SUITE 210 WAYNE, PA 19087 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,954.78
3.117	Nonpriority creditor's name and mailing address CROTHALL HEALTHCARE, INC. 1500 LIBERTY RIDGE DR SUITE 210 WAYNE, PA 19087 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,317.78
3.118	Nonpriority creditor's name and mailing address CURTIS MONTGOMERY, M.D.P.A. 100 MEDICAL CENTER PKWY # 500 HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,253.08

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			Amount of claim
3.119	Nonpriority creditor's name and mailing address CUSTOMIZED COMMUNICATIONS INC PO BOX 5566 ARLINGTON, TX 76005 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,244.37
3.120	Nonpriority creditor's name and mailing address DATA INNOVATION LLC 120 KIMBALL AVENUE SUITE 100 SOUTH BURLINGTON, VA 05403 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.121	Nonpriority creditor's name and mailing address DATCARD SYSTEMS 7 GOODYEAR IRVINE, CA 92618 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,470.56
3.122	Nonpriority creditor's name and mailing address DAY N NIGHT MEDICAL SUPPLY 122 MEDICAL PARK LN STE C HUNTSVILLE, TX 77340-4902 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$497.31
3.123	Nonpriority creditor's name and mailing address DE LAGE LANDEN FINANCIAL SERVICES 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,822.14

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		Amount of claim
3.124	Nonpriority creditor's name and mailing address DELL MARKETING L.P. PO BOX 676021 DALLAS, TX 75312-0729 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$10,963.72 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125	Nonpriority creditor's name and mailing address DEVICOR MEDICAL PRODUCTS, INC 300 E BUSINESS WAY FIFTH FLOOR CINCINNATI, OH 45241 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$836.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address DGH-KOI, INC 110 SUMMIT DRIVE SUITE B TXTON, PA 19341 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$1,010.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address DIVERSIFIED CLINICAL SERVICES, INC. 4500 SALISBURY ROAD SUITE 300 JACKSONVILLE, FL 32216 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$14,966.84 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address DJ ORTHOPEDICS, LLC 1430 DECISION STREET VISTA, CA 92081-8553 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$187.43 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.129	Nonpriority creditor's name and mailing address DOMAIN LISTINGS LLC PO BOX 19607 LAS VEGAS, NV 89132 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.00
3.130	Nonpriority creditor's name and mailing address DOOR CONTROL SERVICES INC 321 VZ COUNTY ROAD 4500 BEN WHEELER, TX 75754 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,146.50
3.131	Nonpriority creditor's name and mailing address DRAEGER, INC 3135 QUARRY RD TELFORD, PA 18969 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.00
3.132	Nonpriority creditor's name and mailing address DSHS CENTRAL LAB MC2004 1100 WEST 49TH STREET PO BOX 149347 AUSTIN, TX 78714-9347 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,012.35
3.133	Nonpriority creditor's name and mailing address EASTEX TELEPHONE COOP, INC. PO BOX 150 HENDERSON, TX 75653-0150 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.28

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			Amount of claim
3.134	Nonpriority creditor's name and mailing address ECHOCARDIOGRAPHY SPECIALIST OF PO BOX 70951 HOUSTON, TX 77270 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
3.135	Nonpriority creditor's name and mailing address EDWARDS LIFESCIENCES 23146 NETWORK PLACE CHICAGO, IL 60673-1231 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,333.94
3.136	Nonpriority creditor's name and mailing address ELEVATOR SAFETY INSPECTIONS, INC. 21225 CREEK RD MANVEL, TX 77578 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,775.00
3.137	Nonpriority creditor's name and mailing address ELITECHGROUP INC 370 WEST 1700 SOUTH LOGAN, UT 84321-8212 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$273.85
3.138	Nonpriority creditor's name and mailing address ELLKAY LLC 200 RIVERFRONT BLVD ELMWOOD PARK, NJ 07407 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,120.00

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			Amount of claim
3.139	Nonpriority creditor's name and mailing address EMBASSY RECORDS MANAGEMENT AND PO BOX 5449 BRYAN, TX 77805 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,225.73
3.140	Nonpriority creditor's name and mailing address EMERGENCY STAFFING SOLUTIONS, INC 17304 PRESTON ROAD SUITE 1400 DALLAS, TX 75252 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,029.77
3.141	Nonpriority creditor's name and mailing address ENCOMPAS UNLIMITED, INC 2219 WHITFIELD PARK DR SARASOTA, FL 34243 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.99
3.142	Nonpriority creditor's name and mailing address ENV SERVICES INC. 2880 BERGEY ROAD SUITE K HATFIELD, PA 19440-1764 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.00
3.143	Nonpriority creditor's name and mailing address EPSY SERVICES INC 2213 16TH ST BEDFORD, IN 47421 Date or dates debt was incurred 8/2/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.144	Nonpriority creditor's name and mailing address ESTUDIO,LLC 2180 NOTH LOOP WEST SUITE 500 HOUSTON, TX 77018 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,840.00
3.145	Nonpriority creditor's name and mailing address EVOQUA WATER TECHNOLOGIES LLC 210 SIXTH AVENUE SUITE 3300 PITTSBURGH, PA 15222 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,529.76
3.146	Nonpriority creditor's name and mailing address FEDERAL EXPRESS 2650 THOUSAND OAK MEMPHIS, TN 38118 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.32
3.147	Nonpriority creditor's name and mailing address FERNANDO GALLEGOS Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$404.03
3.148	Nonpriority creditor's name and mailing address FISHER SCIENTIFIC COMPANY, LLC 9999 VETERANS MEMORIAL DR HOUSTON, TX 77038-2499 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,646.26

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			Amount of claim
3.149	Nonpriority creditor's name and mailing address FLOW TEK, INC. 7314 ISLAND CIRCLE BOULDER, CO 80301 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.16
3.150	Nonpriority creditor's name and mailing address FORMFAST INC. 13421 MANCHESTER ROAD 208 ST LOUIS, MO 63131 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,093.23
3.151	Nonpriority creditor's name and mailing address FORWARD EDGE DEPT 3731 PO BOX 123731 DALLAS, TX 75312-3731 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$709.77
3.152	Nonpriority creditor's name and mailing address G&E HC REIT II LIVINGSTON MOB KRISTI WRY 1551 N TUSTIN AVE STE 300 SANTA ANNA, CA 92705 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179,859.18
3.153	Nonpriority creditor's name and mailing address GE HEALTHCARE 3000 N GRANDVIEW BLVD WAUKESHA, WI 53188 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,584.00

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			Amount of claim
3.154	Nonpriority creditor's name and mailing address GE HEALTHCARE FIN SERVICE PO BOX 641419 PITTSBURG, PA 15264-1419 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,964.11
3.155	Nonpriority creditor's name and mailing address GE HEALTHCARE IITS USA CORP 40 IDX DRIVE WOUTH BURLINGTON, VT 05040 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,214.99
3.156	Nonpriority creditor's name and mailing address GE MEDICAL SYSTEMS INFO TECH PO BOX 640944 PITTSBURGH, PA 15264-0944 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,558.68
3.157	Nonpriority creditor's name and mailing address GEICO COUNTY MUTUAL INSURANCE COMPANY 2280 N GREENVILLE AVENUE RICHARDSON, TX 75082-4412 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$753.21
3.158	Nonpriority creditor's name and mailing address GENZYME CORPORATION 55 CAMBRIDGE PARKWAY CAMBRIDGE, MA 02142 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,420.00

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			Amount of claim
3.159	Nonpriority creditor's name and mailing address GERRY G. ACHILLE RT 10 BOX 301 HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,091.00
3.160	Nonpriority creditor's name and mailing address GETINGE USA SALES LLC 45 BARBOUR POND DRIVE WAYNE, NJ 07470 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,053.52
3.161	Nonpriority creditor's name and mailing address GI SUPPLY 200 GRANDVIEW AVENUE CAMP HILL, PA 17011 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$363.00
3.162	Nonpriority creditor's name and mailing address GJERSET & LORENZ LLP 2801 VIA FORTUNA STE 500 AUSTIN, TX 78746 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$855.00
3.163	Nonpriority creditor's name and mailing address GRAINGER 201 FREEDOM DRIVE ROANOKE, TX 76262-3320 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,232.46

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			Amount of claim
3.164	Nonpriority creditor's name and mailing address GREATER HOUSTON HEALTHCONNECT 1213 HERMANN DRIVE SUITE 135 HOUSTON, TX 77004 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.165	Nonpriority creditor's name and mailing address GREATER HOUSTON RADIATION ONCOLOGY PO BOX 8399 THE WOODLANDS, TX 77387-8399 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,223.24
3.166	Nonpriority creditor's name and mailing address GREGORY ELDERS SPINE, PLLC 10857 KUYKENDAHL RD 120 THE WOODLANDS, TX 77382 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$855.65
3.167	Nonpriority creditor's name and mailing address GULF ATLANTIC PACKAGING CORP. 1100 WESTLAKE PARKWAY SW SUITE 140 ATLANTA, GA 30336 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.50
3.168	Nonpriority creditor's name and mailing address GULFCOAST PATHOLOGY ASSOCIATES, P.A. 22999 U.S. HIGHWAY 59N #299 HOUSTON, TX 77339 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.41

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			Amount of claim
3.169	Nonpriority creditor's name and mailing address GUY GROS 789 ELKINS LAKE HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200,000.00
3.170	Nonpriority creditor's name and mailing address GYNEX CORPORATION 14603 NE 87TH ST REDMOND, WA 98052 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$758.26
3.171	Nonpriority creditor's name and mailing address H & B AIR FILTER CO 9947 HARWIN DRIVE STE G HOUSTON, TX 77036 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.00
3.172	Nonpriority creditor's name and mailing address HALYARD HEALTH INC. 5405 WINDWARD PARKWAY SUITE 100 S ALPHARETTA, GA 30004 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,008.00
3.173	Nonpriority creditor's name and mailing address HAMMOND HANLON CAMP LLC 4655 EXECUTIVE DRIVE SUITE 280 SAN DIEGO, CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,743.84

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			Amount of claim
3.174	Nonpriority creditor's name and mailing address HAZLEWOOD'S HYUNDAI OF HUNTSVILLE 755 I45 SOUTH HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.85
3.175	Nonpriority creditor's name and mailing address HEALING HEARTS CLINIC 100 MEDICAL CENTER BLVD STE 200 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,305.64
3.176	Nonpriority creditor's name and mailing address HEALOGICS 5220 BELFORT RD. #130 JACKSONVILLE, FL 32256 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.177	Nonpriority creditor's name and mailing address HEALTHCARESOURCEHR, INC 100 SYLVAN ROAD SUITE 100 WOBURN, MA 01801-7463 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,400.00
3.178	Nonpriority creditor's name and mailing address HEARTCARE CORPORATION OF PO BOX 3012 SOUTHEASTERN, PA 19398-3012 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00

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			Amount of claim
3.179	Nonpriority creditor's name and mailing address HENRY SCHEIN, INC. 135 DURYEA ROAD MELVILLE, NY 11747 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,369.75
3.180	Nonpriority creditor's name and mailing address HERBERT L FLAKE COMPANY,LLC 5235 GLENMONT DRIVE HOUSTON, TX 77081 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$873.18
3.181	Nonpriority creditor's name and mailing address HHS ENVIRONMENTAL SYSTEMS 12495 SILVER CREEK RD DRIPPING SPRINGS, TX 78620 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,368.99
3.182	Nonpriority creditor's name and mailing address HILL-ROM COMPANY 335365 NEW COMMERCE BLVD WILKESBARRE, PA 18706 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,437.41
3.183	Nonpriority creditor's name and mailing address HITACHI HEALTHCARE AMERICAS CORP 1959 SUMMIT COMMERCE PARK TWINSBURG, OH 44087 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,499.98

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			Amount of claim
3.184	Nonpriority creditor's name and mailing address HOFFMAN, JESSICA PO BOX 404 ARLINGTON, TX 76004 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$795.50
3.185	Nonpriority creditor's name and mailing address HOLOGIC 250 CAMPUS DRIVE MARLBOROUGH, MA 01752 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,288.48
3.186	Nonpriority creditor's name and mailing address HOSPITAL DOCS, PA PO BOX 946 MONTGOMERY, TX 77356 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,041.02
3.187	Nonpriority creditor's name and mailing address HOUSTON NEURODIAGNOSTICS, LLC 4545 FULLER DRIVE SUITE 100 IRVING, TX 75038 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,825.54
3.188	Nonpriority creditor's name and mailing address HOWARD INDUSTRIES, INC 32 HOWARD MEDICAL ELLISVILLE, MS 39437 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,255.29

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			Amount of claim
3.189	Nonpriority creditor's name and mailing address HSS SYSTEMS, LLC TIMOTHY MCPHERSON CEO 8101 W SAM HOUSTON PKWY STE 100 HOUSTON, TX 77072 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158,229.99
3.190	Nonpriority creditor's name and mailing address HUGHEY AND PHILLIPS LLC 240 W TWAIN AVE URBANA, OH 43078 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.93
3.191	Nonpriority creditor's name and mailing address HUNTSVILLE DIALYSIS PO BOX 402946 ATLANTA, GA 30384-2946 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,274.91
3.192	Nonpriority creditor's name and mailing address HUNTSVILLE ORTHOPEDIC SURGERY 129 MEDICAL PARK LANE HUNTSVILLE, TX 77340-4982 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.193	Nonpriority creditor's name and mailing address HUNTSVILLE POLICE DEPARTMENT PO BOX 1232 LAFAYETTE, CA 94549 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.00

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			Amount of claim
3.194	Nonpriority creditor's name and mailing address HUNTSVILLE-WALKER CO EMS 1100 UNIVERSITY AVENUE HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,732.56
3.195	Nonpriority creditor's name and mailing address ICONTRACTS INC 1011 US ROUTE 22 WEST SUITE 104 BRIDGEWATER, NJ 08807 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,780.00
3.196	Nonpriority creditor's name and mailing address IDENTICARD/JAM PLASTICS 148 EAST STIEGEL ST., MANHEIM, PA 17545 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,261.61
3.197	Nonpriority creditor's name and mailing address IMMUCOR PO BOX 102118 ATLANTA, GA 30368-2118 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,400.13
3.198	Nonpriority creditor's name and mailing address INDIGENT HEALTHCARE SOLUTIONS, LTD 3011 ARMORY DRIVE SUITE 190 NASHVILLE, TN 37204 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,742.00

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			Amount of claim
3.199	Nonpriority creditor's name and mailing address INLAND NORTHWEST HEALTH SERVICES PO BOX 2185 SPOKANE, WA 99210-2185 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
3.200	Nonpriority creditor's name and mailing address INSTRUMENTATION LABORATORY 180 HARTWELL ROAD BEDFORD, MA 01730-2443 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,796.63
3.201	Nonpriority creditor's name and mailing address INTEGRATED PRESCRIPTION MANAGEMENT 7815 N PALM AVENUESUITE 400 FRESNO, CA 93711 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,613.12
3.202	Nonpriority creditor's name and mailing address INTELLIGENT MEDICAL OBJECTS, INC 60 REVERE DRIVE SUITE 360 NORTHBROOK, IL 60062 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,500.00
3.203	Nonpriority creditor's name and mailing address INTUITIVE SURGICAL GARY GURHART CEO 1266 KIFER ROAD SUNNYVALE, CA 94086 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPITAL LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,420,720.91

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			Amount of claim
3.204	Nonpriority creditor's name and mailing address INVIVO CORPORATION PO BOX 100355 ATLANTA, GA 30384-0355 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.55
3.205	Nonpriority creditor's name and mailing address IPEOPLE 2274 ROCKBROOK DR LEWISVILLE, TX 75067 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,740.00
3.206	Nonpriority creditor's name and mailing address IRADIMED CORPORATION 1025 WILLA SPRINGS DR WINTER SPRINGS, FL 32708 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,613.13
3.207	Nonpriority creditor's name and mailing address IRON MOUNTAIN INC. PO BOX 915004 DALLAS, TX 75391-5004 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,328.29
3.208	Nonpriority creditor's name and mailing address IRON MOUNTAIN PROPERTIES INC 16 CHAMPIONS BEND CIRCLE HOUSTON, TX 77069 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83,528.00

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			Amount of claim
3.209	Nonpriority creditor's name and mailing address J & J HEALTH CARE SYSTEMS, INC. 1 CENTENNIAL AVE PISCATAWAY, NJ 08854 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,873.00
3.210	Nonpriority creditor's name and mailing address J&J HCS 425 HOES LANE PISCATAWAY, NJ 08854 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,122.54
3.211	Nonpriority creditor's name and mailing address JACKSON PHYSICIAN SEARCH, LLC. 2655 NORTHWINDS PARKWAY ALPHARETTA, GA 30009 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,750.00
3.212	Nonpriority creditor's name and mailing address JAMES M. HANNA MD 130 MEDICAL CENTER PARKWAY 3 HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$847.95
3.213	Nonpriority creditor's name and mailing address JASON KNOBLOCH 201 CREEK CLIFF DR GATESVILLE, TX 76528 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00

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			Amount of claim
3.214	Nonpriority creditor's name and mailing address JETER SYSTEMS 606 FORTH ST PO BOX 153 MAYVILLE, WI 53050 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.40
3.215	Nonpriority creditor's name and mailing address JOHNSON & JOHNSON 1 JOHNSON AND JOHNSON PLAZA NEW BRUNSWICK, NJ 08933 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,320.50
3.216	Nonpriority creditor's name and mailing address KAREN M. LANE TAX ASSESSOR PO BOX 417 MADISONVILLE, TX 77864 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.27
3.217	Nonpriority creditor's name and mailing address KCI USA 634 N CHALLENGER RD SALT LAKE CITY, UT 84116 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,038.72
3.218	Nonpriority creditor's name and mailing address KEY SURGICAL 11000W 78TH ST SUITE 100 EDEN PRAIRIE, MN 55344 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.05

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			Amount of claim
3.219	Nonpriority creditor's name and mailing address KIDNEY SPECIALIST OF THE WOODLANDS PO BOX GRAPEVINE, TX 76099 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.10
3.220	Nonpriority creditor's name and mailing address KRS GLOBAL BIOTECHNOLOGY INC 791 PARK OF COMMERCE BLVD STE 600 BOCA RATON, FL 33487 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$516.32
3.221	Nonpriority creditor's name and mailing address KUPPERSMITH, RONALD B. MD PO BOX 10194 COLLEGE STATION, TX 77842 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.95
3.222	Nonpriority creditor's name and mailing address LA BARRINGTON - SIEMENS 33 WEST HIGGINS ROAD SUITE 1030 SOUTH BARRINGTON, IL 60010 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPITAL LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,898.44
3.223	Nonpriority creditor's name and mailing address LABORATORY CORPORATION OF AMERICA PO BOX 12140 BURLINGTON, NC 27216-2140 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,884.72

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			Amount of claim
3.224	Nonpriority creditor's name and mailing address LAKE AREA DEVELOPMENTS PO BOX 1724 LIVINGSTON, TX 77351 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,999.94
3.225	Nonpriority creditor's name and mailing address LANDAUER INC 2 SCIENCE RD GLENWOOD, IL 60425-1586 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,562.12
3.226	Nonpriority creditor's name and mailing address LANGE DISTRIBUTING CO., INC PO BOX 3457 BRYAN, TX 77805-3457 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,178.23
3.227	Nonpriority creditor's name and mailing address LANGE DISTRIBUTION CO., INC. PO BOX 3457 BRYAN, TX 77805-3457 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,233.55
3.228	Nonpriority creditor's name and mailing address LEASING ASSOCIATES OF BARRINGTON 33 WEST HIGGINS ROAD SUITE 1030 SOUTH BARRINGTON, IL 60010 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,557.54

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			Amount of claim
3.229	Nonpriority creditor's name and mailing address LIFELOC TECHNOLOGIES, INC. 12441 W 49TH AVE 4 WHEAT RIDGE, CO 80033 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.20
3.230	Nonpriority creditor's name and mailing address LIFENET 1864 CONCERT DR VIRGINIA BEACH, VA 23453 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,950.00
3.231	Nonpriority creditor's name and mailing address LINDGREN RF ENCLOSURES, INC 400 HIGH GROVE BLVD GLENDALE HEIGHTS, IL 60139 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.00
3.232	Nonpriority creditor's name and mailing address LIVINGSTON COMMUNICATIONS 701 W CHURCH ST LIVINGSTON, TX 77351-3158 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,874.38
3.233	Nonpriority creditor's name and mailing address LOCKTON INVESTMENT ADVISORS, LLC PO BOX 877579 KANSAS CITY, MO 64187-7579 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,750.00

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			Amount of claim
3.234	Nonpriority creditor's name and mailing address LOCUMTENENS 2655 NORTHWINDS PARKWAY ALPHARETTA, GA 30009 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,492.65
3.235	Nonpriority creditor's name and mailing address LONE STAR AMBULANCE 1, LLC PO BOX 2775 GEORGETOWN, TX 78627 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.48
3.236	Nonpriority creditor's name and mailing address LONE STAR MEDICAL SUPPLY 130 COLONEL ETHEREDGE BLVD D2 HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.57
3.237	Nonpriority creditor's name and mailing address LSA VIDEO, INC. 455 BUSINESS CENTER DRIVE SUITE 100 HORSHAM, PA 19044 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,722.82
3.238	Nonpriority creditor's name and mailing address M&C INVESTMENTS, LLC 9421 FM 2920 RD BLDG 20 TOMBALL, TX 77375 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,625.00

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			Amount of claim
3.239	Nonpriority creditor's name and mailing address MAGELLAN BEHAVIORAL HEALTH INC PO BOX 785341 PHILADELPHIA, PA 19178-5341 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,554.86
3.240	Nonpriority creditor's name and mailing address MANTZOROS, DIMITRIOS S 100 MEDICAL CENTER BLVD STE 216 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$652.46
3.241	Nonpriority creditor's name and mailing address MANUEL, BRICKEY JUAN Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN
3.242	Nonpriority creditor's name and mailing address MARS ZULAY 1616 BAGWELL ROAD HUNTSVILLE, TX 77320 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.24
3.243	Nonpriority creditor's name and mailing address MARY LOU MATHESON 12979 BROWDER TRAYLOR ROAD WILLIS, TX 77378-4109 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00

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			Amount of claim
3.244	Nonpriority creditor's name and mailing address MATHESON TRI GAS 2200 HOUSTON AVE HOUSTON, TX 77007 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,273.59
3.245	Nonpriority creditor's name and mailing address MATRIX TRUST COMPANY BROADRIDGE FINANCIAL SOLUTIONS, INC. 2800 N CENTRAL AVE STE 900 PHOENIX, AZ 85004 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PENSION OBLIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$307,000.00
3.246	Nonpriority creditor's name and mailing address MDSAVE INC 100 WINNERS CIRCLE N STE 202 BRENTWOOD, TN 37027 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
3.247	Nonpriority creditor's name and mailing address MEDICAID/PCCM PO BOX 200555 AUSTIN, TX 78720 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.15
3.248	Nonpriority creditor's name and mailing address MEDICAL OFFICE PARK-HUNTSVILLE MOP1 100 MEDICAL CENTER BLVD SUITE 204 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,150.88

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			Amount of claim
3.249	Nonpriority creditor's name and mailing address MEDICAL OFFICE PARK-HUNTSVILLE,L.P. 100 MEDICAL CENTER BLVD SUITE 204 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,166.67
3.250	Nonpriority creditor's name and mailing address MEDICAL OFFICE PARK-HUNTSVILLEMOPII 100 MEDICAL CENTER BLVD SUITE 204 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,125.00
3.251	Nonpriority creditor's name and mailing address MEDICAL PLUS SUPPLIES, INC PO BOX 847529 DALLAS, TX 75284-0110 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,065.74
3.252	Nonpriority creditor's name and mailing address MEDICAL SOLUTIONS 3901 CENTERVIEW DR STEL CHANTILLY, VA 20151 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,169.68
3.253	Nonpriority creditor's name and mailing address MEDICAL STAFFING NETWORK 6551 PARK OF COMMERCE BLVD BOCCA RATON, FL 33487 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,173.20

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			Amount of claim
3.254	Nonpriority creditor's name and mailing address MEDI-NUCLEAR LLC 5201 NAIMAN PARKWAY SOLON, OH 44139 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,428.05
3.255	Nonpriority creditor's name and mailing address MEDIVATORS 14605 8TH AVENUE NORTH MINNEAPOLIS, MN 55447-4829 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368.00
3.256	Nonpriority creditor's name and mailing address MEDLEARN MEDIA 445 MINNESOTA STREET STE 514 ST PAUL, MN 55101 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$816.90
3.257	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC DONALD TORRES SR COLLECTIONS PO BOX 121080 DALLAS, TX 75312-1080 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$681.61
3.258	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES, INC DONALD TORRES SR COLLECTIONS PO BOX 121080 DALLAS, TX 75312-1080 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198,912.03

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			Amount of claim
3.259	Nonpriority creditor's name and mailing address MED-PAT & INN-PHONE 31 RIORDAN PLACE SHREWSBURY, NJ 07702 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$465.00
3.260	Nonpriority creditor's name and mailing address MED-SAVER, INC. 1220 VALLEY FORGE ROAD SUITE 34 PHOENIXVILLE, PA 19480 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.50
3.261	Nonpriority creditor's name and mailing address MEDSTRAT 1901 BUTTERFIELD ROAD SUITE 600 DOWNERS GROVE, IL 60515 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$968.94
3.262	Nonpriority creditor's name and mailing address MEDSURG EQUIPMENT, LLC 425 S 4TH STREET BEAUMONT, TX 77701 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$743.00
3.263	Nonpriority creditor's name and mailing address MEDTRONIC USA/ INTERVENT VASCULAR 8200 CORAL SEA STREET MOUNDS VIEW, MN 55112 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,857.84

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			Amount of claim
3.264	Nonpriority creditor's name and mailing address MEMORIAL HERMAN HOSPITAL SYSTEM PO BOX 301208 DALLAS, TX 75303-1208 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,424.51
3.265	Nonpriority creditor's name and mailing address MENTAL HEALTH MENTAL RETARDATION 1504 TEXAS AVE BRYAN, TX 77802 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.266	Nonpriority creditor's name and mailing address MERIT MEDICAL SYSTEMS INC 1600 WEST MERIT PARKWAY SOUTH JORDAN, UT 84095 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,132.07
3.267	Nonpriority creditor's name and mailing address MERRY X-RAY-INC 3615 WILLOWBEND BLVD SUITE 400 HOUSTON, TX 77054 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$759.08
3.268	Nonpriority creditor's name and mailing address MICROAIRE 1641 EDLICH DRIVE CHARLOTTESVILLE, VA 22911 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00

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			Amount of claim
3.269	Nonpriority creditor's name and mailing address MICROTEK MEDICAL INC PO BOX 2487 COLUMBUS, MS 39704 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$458.51
3.270	Nonpriority creditor's name and mailing address MIDWAY ENERGY SERVICES PO BOX 25975 SHAWNEE MISSION, KS 66255 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,107.10
3.271	Nonpriority creditor's name and mailing address MOBOLAJI M. ODELOWO M.D. 100 MEDICAL CENTER BLVD 118 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,944.25
3.272	Nonpriority creditor's name and mailing address MOHSIN, RABAB 6106 RUSTIC CREEK LANE KINGWOOD, TX 77345 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.28
3.273	Nonpriority creditor's name and mailing address MOLINA HEALTHCARE, INC. PO BOX 3396 BATON ROUGE, LA 70821 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113,719.20

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			Amount of claim
3.274	Nonpriority creditor's name and mailing address MONTGOMERY COUNTY LUNG CLINIC,P.A. 110 COMMERCIAL CIRCLE CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.31
3.275	Nonpriority creditor's name and mailing address MORRISON MANAGEMENT SPECIALISTS INC 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342-1503 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,819.89
3.276	Nonpriority creditor's name and mailing address MORTECH MANUFACTURING COMPANY, INC 411 N AEROJET AVENUE AZUSA, CA 91702 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,685.00
3.277	Nonpriority creditor's name and mailing address MUELLER WATER CONDITIONING, INC. PO BOX 165 HOUSTON, TX 77001 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,290.27
3.278	Nonpriority creditor's name and mailing address NATUS MEDICAL INC 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.10

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			Amount of claim
3.279	Nonpriority creditor's name and mailing address NATUS MEDICAL INC. 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,060.34
3.280	Nonpriority creditor's name and mailing address NEOGENOMICS LABORATORIES 2575 W BELLFORT ST STE 2001 HOUSTON, TX 77054 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,068.00
3.281	Nonpriority creditor's name and mailing address NEPHRON 503B OUTSOURCING FACILITY 4500 12TH STREET EXTENSION WEST COLUMBIA, SC 29172 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
3.282	Nonpriority creditor's name and mailing address NEPHROPATH 10810 EXECUTIVE CENTER DR #100 LITTLE ROCK, AR 72211 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,435.58
3.283	Nonpriority creditor's name and mailing address NOBLIS, INC. 2002 EDMUND HALLEY DRIVE RASTON, VA 20191 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,028.26

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			Amount of claim
3.284	Nonpriority creditor's name and mailing address NORTH AMERICAN RESCUE HOLDINGS LLC 35 TEDWALL COURT GREER, SC 29650 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$779.50
3.285	Nonpriority creditor's name and mailing address NORTH HOUSTON CANCER CLINICS 3115 COLLEGE PARK DR STE 108 CONROE, TX 77384 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,556.97
3.286	Nonpriority creditor's name and mailing address NORTHFIELD MEDICAL REPAIR 4210 TUDOR LANE WINSTON SALEM, NC 27410 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,764.61
3.287	Nonpriority creditor's name and mailing address NORTHWOOD UROLOGY ASSOCIATES PO BOX 1538 HOUSTON, TX 77251-1538 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.49
3.288	Nonpriority creditor's name and mailing address NTHRIVE, INC 200 NORTH POINT CENTER EAST STE 600 ALPHARETTA, GA 30022 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,650.00

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			Amount of claim
3.289	Nonpriority creditor's name and mailing address NUTECH INC 702 UNIVERSITY DR F102 COLLEGE STATION, TX 77840 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,378.25
3.290	Nonpriority creditor's name and mailing address OFFICE DEPOT INC FILE 81901 LOS ANGELES, CA 90074-1901 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.98
3.291	Nonpriority creditor's name and mailing address OLYMPUS AMERICA INC PO BOX 610 CENTER VALLEY, PA 18034-0610 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,049.60
3.292	Nonpriority creditor's name and mailing address OLYMPUS AMERICA INC. PO BOX 610 CENTER VALLEY, PA 18034-0610 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.01
3.293	Nonpriority creditor's name and mailing address ONE SOURCE TOXICOLOGY 1209 GENOA RED BLUFF PASADENA, TX 77504 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,318.00

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			Amount of claim
3.294	Nonpriority creditor's name and mailing address OPTIMUM COMPUTER SOLUTIONS,INC 780 WESTRIDGE ROAD THE WOODLANDS, TX 77380 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.295	Nonpriority creditor's name and mailing address OPTUMINSIGHT PO BOX 822688 PHILADELPHIA, PA 19182-2688 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,802.50
3.296	Nonpriority creditor's name and mailing address ORGANOGENESIS INC. 150 DAN ROAD CANTON, MA 02021 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,130.00
3.297	Nonpriority creditor's name and mailing address ORIENTAL TRADING PO BOX 2308 5455 S 90TH ST OAMAHA, NE 68103-2308 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.09
3.298	Nonpriority creditor's name and mailing address ORTHO-CLINICAL DIAGNOSTICS,INC 1001 US HIGHWAY ROUTE 202 RARITAN, NJ 08869 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,280.11

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			Amount of claim
3.299	Nonpriority creditor's name and mailing address OWENS AND MINOR 51009239 2700 BRITTMOORE HOUSTON, TX 77043 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,135.56
3.300	Nonpriority creditor's name and mailing address PACIFIC MEDICAL LLC 212 AVENIDA FABRICANTE SAN CLEMENTE, CA 92672 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
3.301	Nonpriority creditor's name and mailing address PARTS SOURCE INC 777 LENA DRIVE AURORA, OH 44202 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.90
3.302	Nonpriority creditor's name and mailing address PATIENT 10001 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.20
3.303	Nonpriority creditor's name and mailing address PATIENT 10002 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.79

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			Amount of claim
3.304	Nonpriority creditor's name and mailing address PATIENT 10003 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.35
3.305	Nonpriority creditor's name and mailing address PATIENT 10004 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.67
3.306	Nonpriority creditor's name and mailing address PATIENT 10005 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.96
3.307	Nonpriority creditor's name and mailing address PATIENT 10006 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.36
3.308	Nonpriority creditor's name and mailing address PATIENT 10007 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,162.80

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			Amount of claim
3.309	Nonpriority creditor's name and mailing address PATIENT 10008 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.14
3.310	Nonpriority creditor's name and mailing address PATIENT 10009 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.24
3.311	Nonpriority creditor's name and mailing address PATIENT 10010 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.50
3.312	Nonpriority creditor's name and mailing address PATIENT 10011 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.313	Nonpriority creditor's name and mailing address PATIENT 10012 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.52

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			Amount of claim
3.314	Nonpriority creditor's name and mailing address PATIENT 10013 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.26
3.315	Nonpriority creditor's name and mailing address PATIENT 10014 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.00
3.316	Nonpriority creditor's name and mailing address PATIENT 10015 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.20
3.317	Nonpriority creditor's name and mailing address PATIENT 10017 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.54
3.318	Nonpriority creditor's name and mailing address PATIENT 10018 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.77

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			Amount of claim
3.319	Nonpriority creditor's name and mailing address PATIENT 10019 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.69
3.320	Nonpriority creditor's name and mailing address PATIENT 10020 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,142.37
3.321	Nonpriority creditor's name and mailing address PATIENT 10021 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.97
3.322	Nonpriority creditor's name and mailing address PATIENT 10022 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.29
3.323	Nonpriority creditor's name and mailing address PATIENT 10023 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.92

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			Amount of claim
3.324	Nonpriority creditor's name and mailing address PATIENT 10024 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00
3.325	Nonpriority creditor's name and mailing address PATIENT 10025 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.44
3.326	Nonpriority creditor's name and mailing address PATIENT 10026 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.327	Nonpriority creditor's name and mailing address PATIENT 10027 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$804.82
3.328	Nonpriority creditor's name and mailing address PATIENT 10028 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.69

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			Amount of claim
3.329	Nonpriority creditor's name and mailing address PATIENT 10029 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,191.26
3.330	Nonpriority creditor's name and mailing address PATIENT 1003 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.00
3.331	Nonpriority creditor's name and mailing address PATIENT 10030 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.56
3.332	Nonpriority creditor's name and mailing address PATIENT 10031 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.95
3.333	Nonpriority creditor's name and mailing address PATIENT 1014 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267.54

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			Amount of claim
3.334	Nonpriority creditor's name and mailing address PATIENT 1025 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.84
3.335	Nonpriority creditor's name and mailing address PATIENT 1027 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$461.00
3.336	Nonpriority creditor's name and mailing address PATIENT 1031 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.20
3.337	Nonpriority creditor's name and mailing address PATIENT 1035 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.338	Nonpriority creditor's name and mailing address PATIENT 1036 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249.81

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			Amount of claim
3.339	Nonpriority creditor's name and mailing address PATIENT 1037 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249.73
3.340	Nonpriority creditor's name and mailing address PATIENT 1039 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.10
3.341	Nonpriority creditor's name and mailing address PATIENT 1041 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.40
3.342	Nonpriority creditor's name and mailing address PATIENT 1042 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$242.81
3.343	Nonpriority creditor's name and mailing address PATIENT 1043 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$242.14

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			Amount of claim
3.344	Nonpriority creditor's name and mailing address PATIENT 1048 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.10
3.345	Nonpriority creditor's name and mailing address PATIENT 1049 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.05
3.346	Nonpriority creditor's name and mailing address PATIENT 1050 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.95
3.347	Nonpriority creditor's name and mailing address PATIENT 1058 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.16
3.348	Nonpriority creditor's name and mailing address PATIENT 1074 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.36

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			Amount of claim
3.349	Nonpriority creditor's name and mailing address PATIENT 1077 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.60
3.350	Nonpriority creditor's name and mailing address PATIENT 1080 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.20
3.351	Nonpriority creditor's name and mailing address PATIENT 1100 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.38
3.352	Nonpriority creditor's name and mailing address PATIENT 1102 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.353	Nonpriority creditor's name and mailing address PATIENT 1103 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.99

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			Amount of claim
3.354	Nonpriority creditor's name and mailing address PATIENT 1105 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.76
3.355	Nonpriority creditor's name and mailing address PATIENT 1110 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.90
3.356	Nonpriority creditor's name and mailing address PATIENT 1125 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.88
3.357	Nonpriority creditor's name and mailing address PATIENT 1138 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.00
3.358	Nonpriority creditor's name and mailing address PATIENT 1140 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.92

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			Amount of claim
3.359	Nonpriority creditor's name and mailing address PATIENT 1150 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.17
3.360	Nonpriority creditor's name and mailing address PATIENT 1151 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255.00
3.361	Nonpriority creditor's name and mailing address PATIENT 1161 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.65
3.362	Nonpriority creditor's name and mailing address PATIENT 1162 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.60
3.363	Nonpriority creditor's name and mailing address PATIENT 1163 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.30

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			Amount of claim
3.364	Nonpriority creditor's name and mailing address PATIENT 1165 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.365	Nonpriority creditor's name and mailing address PATIENT 1174 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.29
3.366	Nonpriority creditor's name and mailing address PATIENT 1177 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.60
3.367	Nonpriority creditor's name and mailing address PATIENT 1190 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.50
3.368	Nonpriority creditor's name and mailing address PATIENT 1194 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.10

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			Amount of claim
3.369	Nonpriority creditor's name and mailing address PATIENT 1200 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.58
3.370	Nonpriority creditor's name and mailing address PATIENT 1204 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.38
3.371	Nonpriority creditor's name and mailing address PATIENT 1206 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.97
3.372	Nonpriority creditor's name and mailing address PATIENT 1207 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.83
3.373	Nonpriority creditor's name and mailing address PATIENT 1209 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.46

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			Amount of claim
3.374	Nonpriority creditor's name and mailing address PATIENT 1211 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.36
3.375	Nonpriority creditor's name and mailing address PATIENT 1213 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.50
3.376	Nonpriority creditor's name and mailing address PATIENT 1218 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.32
3.377	Nonpriority creditor's name and mailing address PATIENT 1220 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.83
3.378	Nonpriority creditor's name and mailing address PATIENT 1222 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.67

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			Amount of claim
3.379	Nonpriority creditor's name and mailing address PATIENT 1241 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.00
3.380	Nonpriority creditor's name and mailing address PATIENT 1243 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.381	Nonpriority creditor's name and mailing address PATIENT 1249 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.10
3.382	Nonpriority creditor's name and mailing address PATIENT 1250 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.64
3.383	Nonpriority creditor's name and mailing address PATIENT 1251 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.44

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			Amount of claim
3.384	Nonpriority creditor's name and mailing address PATIENT 1255 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.38
3.385	Nonpriority creditor's name and mailing address PATIENT 1258 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.96
3.386	Nonpriority creditor's name and mailing address PATIENT 1259 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.68
3.387	Nonpriority creditor's name and mailing address PATIENT 1261 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.52
3.388	Nonpriority creditor's name and mailing address PATIENT 1266 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.72

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			Amount of claim
3.389	Nonpriority creditor's name and mailing address PATIENT 1273 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.38
3.390	Nonpriority creditor's name and mailing address PATIENT 1287 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.42
3.391	Nonpriority creditor's name and mailing address PATIENT 1289 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.21
3.392	Nonpriority creditor's name and mailing address PATIENT 1293 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
3.393	Nonpriority creditor's name and mailing address PATIENT 1298 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.58

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			Amount of claim
3.394	Nonpriority creditor's name and mailing address PATIENT 1306 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.06
3.395	Nonpriority creditor's name and mailing address PATIENT 1312 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.65
3.396	Nonpriority creditor's name and mailing address PATIENT 1313 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.65
3.397	Nonpriority creditor's name and mailing address PATIENT 1322 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.26
3.398	Nonpriority creditor's name and mailing address PATIENT 1325 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.65

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			Amount of claim
3.399	Nonpriority creditor's name and mailing address PATIENT 1326 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.46
3.400	Nonpriority creditor's name and mailing address PATIENT 1335 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.50
3.401	Nonpriority creditor's name and mailing address PATIENT 1345 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.61
3.402	Nonpriority creditor's name and mailing address PATIENT 1346 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.40
3.403	Nonpriority creditor's name and mailing address PATIENT 1358 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.70

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			Amount of claim
3.404	Nonpriority creditor's name and mailing address PATIENT 1359 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.50
3.405	Nonpriority creditor's name and mailing address PATIENT 1363 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.12
3.406	Nonpriority creditor's name and mailing address PATIENT 1368 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.407	Nonpriority creditor's name and mailing address PATIENT 1369 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.408	Nonpriority creditor's name and mailing address PATIENT 1370 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00

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			Amount of claim
3.409	Nonpriority creditor's name and mailing address PATIENT 1371 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.70
3.410	Nonpriority creditor's name and mailing address PATIENT 1373 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.46
3.411	Nonpriority creditor's name and mailing address PATIENT 1378 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.58
3.412	Nonpriority creditor's name and mailing address PATIENT 1386 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.413	Nonpriority creditor's name and mailing address PATIENT 1389 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.65

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			Amount of claim
3.414	Nonpriority creditor's name and mailing address PATIENT 1401 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.22
3.415	Nonpriority creditor's name and mailing address PATIENT 1403 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.00
3.416	Nonpriority creditor's name and mailing address PATIENT 1404 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.98
3.417	Nonpriority creditor's name and mailing address PATIENT 1409 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.92
3.418	Nonpriority creditor's name and mailing address PATIENT 1410 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.71

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			Amount of claim
3.419	Nonpriority creditor's name and mailing address PATIENT 1414 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.20
3.420	Nonpriority creditor's name and mailing address PATIENT 1416 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.45
3.421	Nonpriority creditor's name and mailing address PATIENT 1423 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.00
3.422	Nonpriority creditor's name and mailing address PATIENT 1427 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.94
3.423	Nonpriority creditor's name and mailing address PATIENT 1428 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.85

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			Amount of claim
3.424	Nonpriority creditor's name and mailing address PATIENT 1431 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.38
3.425	Nonpriority creditor's name and mailing address PATIENT 1433 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.00
3.426	Nonpriority creditor's name and mailing address PATIENT 1436 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.35
3.427	Nonpriority creditor's name and mailing address PATIENT 1437 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.24
3.428	Nonpriority creditor's name and mailing address PATIENT 1438 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.00

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			Amount of claim
3.429	Nonpriority creditor's name and mailing address PATIENT 1440 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.50
3.430	Nonpriority creditor's name and mailing address PATIENT 1448 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.06
3.431	Nonpriority creditor's name and mailing address PATIENT 1454 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.50
3.432	Nonpriority creditor's name and mailing address PATIENT 1461 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.433	Nonpriority creditor's name and mailing address PATIENT 1462 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00

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			Amount of claim
3.434	Nonpriority creditor's name and mailing address PATIENT 1467 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.88
3.435	Nonpriority creditor's name and mailing address PATIENT 1470 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.23
3.436	Nonpriority creditor's name and mailing address PATIENT 1471 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.21
3.437	Nonpriority creditor's name and mailing address PATIENT 1473 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.76
3.438	Nonpriority creditor's name and mailing address PATIENT 1475 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.36

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			Amount of claim
3.439	Nonpriority creditor's name and mailing address PATIENT 1476 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.32
3.440	Nonpriority creditor's name and mailing address PATIENT 1478 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.50
3.441	Nonpriority creditor's name and mailing address PATIENT 1480 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.25
3.442	Nonpriority creditor's name and mailing address PATIENT 1481 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.00
3.443	Nonpriority creditor's name and mailing address PATIENT 1485 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.70

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			Amount of claim
3.444	Nonpriority creditor's name and mailing address PATIENT 1487 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.62
3.445	Nonpriority creditor's name and mailing address PATIENT 1488 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.53
3.446	Nonpriority creditor's name and mailing address PATIENT 1515 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.447	Nonpriority creditor's name and mailing address PATIENT 1516 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.448	Nonpriority creditor's name and mailing address PATIENT 1517 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

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			Amount of claim
3.449	Nonpriority creditor's name and mailing address PATIENT 1518 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.450	Nonpriority creditor's name and mailing address PATIENT 1519 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.451	Nonpriority creditor's name and mailing address PATIENT 1520 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.452	Nonpriority creditor's name and mailing address PATIENT 1521 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.453	Nonpriority creditor's name and mailing address PATIENT 1524 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

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			Amount of claim
3.454	Nonpriority creditor's name and mailing address PATIENT 1525 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.455	Nonpriority creditor's name and mailing address PATIENT 1526 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.456	Nonpriority creditor's name and mailing address PATIENT 1528 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.89
3.457	Nonpriority creditor's name and mailing address PATIENT 1529 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.67
3.458	Nonpriority creditor's name and mailing address PATIENT 1532 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.40

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			Amount of claim
3.459	Nonpriority creditor's name and mailing address PATIENT 1533 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.28
3.460	Nonpriority creditor's name and mailing address PATIENT 1534 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.05
3.461	Nonpriority creditor's name and mailing address PATIENT 1536 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
3.462	Nonpriority creditor's name and mailing address PATIENT 1545 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.87
3.463	Nonpriority creditor's name and mailing address PATIENT 1546 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.72

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			Amount of claim
3.464	Nonpriority creditor's name and mailing address PATIENT 1554 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.88
3.465	Nonpriority creditor's name and mailing address PATIENT 1563 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.06
3.466	Nonpriority creditor's name and mailing address PATIENT 1564 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.05
3.467	Nonpriority creditor's name and mailing address PATIENT 1565 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00
3.468	Nonpriority creditor's name and mailing address PATIENT 1566 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00

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			Amount of claim
3.469	Nonpriority creditor's name and mailing address PATIENT 1568 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.71
3.470	Nonpriority creditor's name and mailing address PATIENT 1576 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.17
3.471	Nonpriority creditor's name and mailing address PATIENT 1578 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.02
3.472	Nonpriority creditor's name and mailing address PATIENT 1581 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.76
3.473	Nonpriority creditor's name and mailing address PATIENT 1586 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.34

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			Amount of claim
3.474	Nonpriority creditor's name and mailing address PATIENT 1587 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.25
3.475	Nonpriority creditor's name and mailing address PATIENT 1591 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.97
3.476	Nonpriority creditor's name and mailing address PATIENT 1594 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.36
3.477	Nonpriority creditor's name and mailing address PATIENT 1596 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.09
3.478	Nonpriority creditor's name and mailing address PATIENT 1597 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.09

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			Amount of claim
3.479	Nonpriority creditor's name and mailing address PATIENT 1601 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.480	Nonpriority creditor's name and mailing address PATIENT 1602 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.481	Nonpriority creditor's name and mailing address PATIENT 1603 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.482	Nonpriority creditor's name and mailing address PATIENT 1604 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.483	Nonpriority creditor's name and mailing address PATIENT 1605 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00

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			Amount of claim
3.484	Nonpriority creditor's name and mailing address PATIENT 1606 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.485	Nonpriority creditor's name and mailing address PATIENT 1607 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.486	Nonpriority creditor's name and mailing address PATIENT 1608 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.487	Nonpriority creditor's name and mailing address PATIENT 1609 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.488	Nonpriority creditor's name and mailing address PATIENT 1612 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.81

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			Amount of claim
3.489	Nonpriority creditor's name and mailing address PATIENT 1620 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.12
3.490	Nonpriority creditor's name and mailing address PATIENT 1622 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.85
3.491	Nonpriority creditor's name and mailing address PATIENT 1623 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.85
3.492	Nonpriority creditor's name and mailing address PATIENT 1627 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.56
3.493	Nonpriority creditor's name and mailing address PATIENT 1630 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.86

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			Amount of claim
3.494	Nonpriority creditor's name and mailing address PATIENT 1634 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.00
3.495	Nonpriority creditor's name and mailing address PATIENT 1635 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.81
3.496	Nonpriority creditor's name and mailing address PATIENT 1636 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.77
3.497	Nonpriority creditor's name and mailing address PATIENT 1637 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.36
3.498	Nonpriority creditor's name and mailing address PATIENT 1638 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.36

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			Amount of claim
3.499	Nonpriority creditor's name and mailing address PATIENT 1639 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.36
3.500	Nonpriority creditor's name and mailing address PATIENT 1640 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.36
3.501	Nonpriority creditor's name and mailing address PATIENT 1641 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.36
3.502	Nonpriority creditor's name and mailing address PATIENT 1643 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.08
3.503	Nonpriority creditor's name and mailing address PATIENT 1647 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00

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			Amount of claim
3.504	Nonpriority creditor's name and mailing address PATIENT 1648 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.80
3.505	Nonpriority creditor's name and mailing address PATIENT 1651 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.72
3.506	Nonpriority creditor's name and mailing address PATIENT 1652 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.03
3.507	Nonpriority creditor's name and mailing address PATIENT 1653 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.95
3.508	Nonpriority creditor's name and mailing address PATIENT 1654 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.95

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			Amount of claim
3.509	Nonpriority creditor's name and mailing address PATIENT 1655 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.95
3.510	Nonpriority creditor's name and mailing address PATIENT 1656 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.95
3.511	Nonpriority creditor's name and mailing address PATIENT 1657 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.95
3.512	Nonpriority creditor's name and mailing address PATIENT 1659 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.52
3.513	Nonpriority creditor's name and mailing address PATIENT 1660 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.52

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			Amount of claim
3.514	Nonpriority creditor's name and mailing address PATIENT 1663 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.91
3.515	Nonpriority creditor's name and mailing address PATIENT 1664 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.80
3.516	Nonpriority creditor's name and mailing address PATIENT 1667 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.03
3.517	Nonpriority creditor's name and mailing address PATIENT 1673 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.518	Nonpriority creditor's name and mailing address PATIENT 1674 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29

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			Amount of claim
3.519	Nonpriority creditor's name and mailing address PATIENT 1675 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.520	Nonpriority creditor's name and mailing address PATIENT 1676 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.521	Nonpriority creditor's name and mailing address PATIENT 1677 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.522	Nonpriority creditor's name and mailing address PATIENT 1678 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.523	Nonpriority creditor's name and mailing address PATIENT 1679 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29

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			Amount of claim
3.524	Nonpriority creditor's name and mailing address PATIENT 1680 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.525	Nonpriority creditor's name and mailing address PATIENT 1681 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.526	Nonpriority creditor's name and mailing address PATIENT 1682 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.527	Nonpriority creditor's name and mailing address PATIENT 1683 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.528	Nonpriority creditor's name and mailing address PATIENT 1684 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29

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			Amount of claim
3.529	Nonpriority creditor's name and mailing address PATIENT 1685 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.530	Nonpriority creditor's name and mailing address PATIENT 1686 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.531	Nonpriority creditor's name and mailing address PATIENT 1687 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.532	Nonpriority creditor's name and mailing address PATIENT 1688 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.533	Nonpriority creditor's name and mailing address PATIENT 1689 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29

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			Amount of claim
3.534	Nonpriority creditor's name and mailing address PATIENT 1690 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.535	Nonpriority creditor's name and mailing address PATIENT 1691 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.536	Nonpriority creditor's name and mailing address PATIENT 1692 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.537	Nonpriority creditor's name and mailing address PATIENT 1693 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.538	Nonpriority creditor's name and mailing address PATIENT 1694 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29

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			Amount of claim
3.539	Nonpriority creditor's name and mailing address PATIENT 1695 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.540	Nonpriority creditor's name and mailing address PATIENT 1696 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.541	Nonpriority creditor's name and mailing address PATIENT 1697 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.542	Nonpriority creditor's name and mailing address PATIENT 1698 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.543	Nonpriority creditor's name and mailing address PATIENT 1699 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29

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			Amount of claim
3.544	Nonpriority creditor's name and mailing address PATIENT 1700 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.545	Nonpriority creditor's name and mailing address PATIENT 1701 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.546	Nonpriority creditor's name and mailing address PATIENT 1702 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.547	Nonpriority creditor's name and mailing address PATIENT 1703 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.548	Nonpriority creditor's name and mailing address PATIENT 1704 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29

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			Amount of claim
3.549	Nonpriority creditor's name and mailing address PATIENT 1705 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.550	Nonpriority creditor's name and mailing address PATIENT 1706 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.551	Nonpriority creditor's name and mailing address PATIENT 1707 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.552	Nonpriority creditor's name and mailing address PATIENT 1708 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.553	Nonpriority creditor's name and mailing address PATIENT 1709 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29

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			Amount of claim
3.554	Nonpriority creditor's name and mailing address PATIENT 1710 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.555	Nonpriority creditor's name and mailing address PATIENT 1711 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.556	Nonpriority creditor's name and mailing address PATIENT 1712 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.29
3.557	Nonpriority creditor's name and mailing address PATIENT 1713 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.25
3.558	Nonpriority creditor's name and mailing address PATIENT 1714 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.25

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			Amount of claim
3.559	Nonpriority creditor's name and mailing address PATIENT 1715 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.19
3.560	Nonpriority creditor's name and mailing address PATIENT 1716 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.11
3.561	Nonpriority creditor's name and mailing address PATIENT 1719 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.562	Nonpriority creditor's name and mailing address PATIENT 1721 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.563	Nonpriority creditor's name and mailing address PATIENT 1722 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00

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			Amount of claim
3.564	Nonpriority creditor's name and mailing address PATIENT 1723 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.565	Nonpriority creditor's name and mailing address PATIENT 1724 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.566	Nonpriority creditor's name and mailing address PATIENT 1725 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.567	Nonpriority creditor's name and mailing address PATIENT 1726 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.568	Nonpriority creditor's name and mailing address PATIENT 1727 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00

Part 2: Additional Page

			Amount of claim
3.569	Nonpriority creditor's name and mailing address PATIENT 1729 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.570	Nonpriority creditor's name and mailing address PATIENT 1730 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.571	Nonpriority creditor's name and mailing address PATIENT 1731 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.572	Nonpriority creditor's name and mailing address PATIENT 1732 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.573	Nonpriority creditor's name and mailing address PATIENT 1733 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00

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			Amount of claim
3.574	Nonpriority creditor's name and mailing address PATIENT 1734 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.80
3.575	Nonpriority creditor's name and mailing address PATIENT 1746 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.75
3.576	Nonpriority creditor's name and mailing address PATIENT 1750 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.38
3.577	Nonpriority creditor's name and mailing address PATIENT 1754 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.20
3.578	Nonpriority creditor's name and mailing address PATIENT 1756 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.18

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			Amount of claim
3.579	Nonpriority creditor's name and mailing address PATIENT 1757 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
3.580	Nonpriority creditor's name and mailing address PATIENT 1758 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
3.581	Nonpriority creditor's name and mailing address PATIENT 1759 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
3.582	Nonpriority creditor's name and mailing address PATIENT 1760 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
3.583	Nonpriority creditor's name and mailing address PATIENT 1761 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.75

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			Amount of claim
3.584	Nonpriority creditor's name and mailing address PATIENT 1762 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.63
3.585	Nonpriority creditor's name and mailing address PATIENT 1763 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.63
3.586	Nonpriority creditor's name and mailing address PATIENT 1764 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.28
3.587	Nonpriority creditor's name and mailing address PATIENT 1765 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.25
3.588	Nonpriority creditor's name and mailing address PATIENT 1766 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.95

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			Amount of claim
3.589	Nonpriority creditor's name and mailing address PATIENT 1768 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.68
3.590	Nonpriority creditor's name and mailing address PATIENT 1772 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.00
3.591	Nonpriority creditor's name and mailing address PATIENT 1773 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.00
3.592	Nonpriority creditor's name and mailing address PATIENT 1775 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.78
3.593	Nonpriority creditor's name and mailing address PATIENT 1776 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.75

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			Amount of claim
3.594	Nonpriority creditor's name and mailing address PATIENT 1778 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.43
3.595	Nonpriority creditor's name and mailing address PATIENT 1781 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.30
3.596	Nonpriority creditor's name and mailing address PATIENT 1786 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.597	Nonpriority creditor's name and mailing address PATIENT 1788 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.598	Nonpriority creditor's name and mailing address PATIENT 1789 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00

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			Amount of claim
3.599	Nonpriority creditor's name and mailing address PATIENT 1790 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.600	Nonpriority creditor's name and mailing address PATIENT 1791 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.601	Nonpriority creditor's name and mailing address PATIENT 1792 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.602	Nonpriority creditor's name and mailing address PATIENT 1796 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.90
3.603	Nonpriority creditor's name and mailing address PATIENT 1797 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.72

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			Amount of claim
3.604	Nonpriority creditor's name and mailing address PATIENT 1799 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.64
3.605	Nonpriority creditor's name and mailing address PATIENT 1801 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.54
3.606	Nonpriority creditor's name and mailing address PATIENT 1802 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.36
3.607	Nonpriority creditor's name and mailing address PATIENT 1808 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.02
3.608	Nonpriority creditor's name and mailing address PATIENT 1809 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.02

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			Amount of claim
3.609	Nonpriority creditor's name and mailing address PATIENT 1814 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.82
3.610	Nonpriority creditor's name and mailing address PATIENT 1815 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.611	Nonpriority creditor's name and mailing address PATIENT 1816 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.612	Nonpriority creditor's name and mailing address PATIENT 1817 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.613	Nonpriority creditor's name and mailing address PATIENT 1818 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75

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			Amount of claim
3.614	Nonpriority creditor's name and mailing address PATIENT 1819 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.615	Nonpriority creditor's name and mailing address PATIENT 1820 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.616	Nonpriority creditor's name and mailing address PATIENT 1821 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.617	Nonpriority creditor's name and mailing address PATIENT 1822 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.618	Nonpriority creditor's name and mailing address PATIENT 1823 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75

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			Amount of claim
3.619	Nonpriority creditor's name and mailing address PATIENT 1824 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.620	Nonpriority creditor's name and mailing address PATIENT 1825 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.75
3.621	Nonpriority creditor's name and mailing address PATIENT 1826 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.56
3.622	Nonpriority creditor's name and mailing address PATIENT 183 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,901.66
3.623	Nonpriority creditor's name and mailing address PATIENT 1831 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00

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			Amount of claim
3.624	Nonpriority creditor's name and mailing address PATIENT 1841 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.21
3.625	Nonpriority creditor's name and mailing address PATIENT 1843 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.10
3.626	Nonpriority creditor's name and mailing address PATIENT 1845 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.85
3.627	Nonpriority creditor's name and mailing address PATIENT 1846 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.70
3.628	Nonpriority creditor's name and mailing address PATIENT 1851 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.20

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			Amount of claim
3.629	Nonpriority creditor's name and mailing address PATIENT 1852 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.15
3.630	Nonpriority creditor's name and mailing address PATIENT 1856 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.08
3.631	Nonpriority creditor's name and mailing address PATIENT 1858 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.02
3.632	Nonpriority creditor's name and mailing address PATIENT 1859 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.00
3.633	Nonpriority creditor's name and mailing address PATIENT 1860 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.00

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			Amount of claim
3.634	Nonpriority creditor's name and mailing address PATIENT 1861 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.81
3.635	Nonpriority creditor's name and mailing address PATIENT 1862 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.80
3.636	Nonpriority creditor's name and mailing address PATIENT 1865 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.25
3.637	Nonpriority creditor's name and mailing address PATIENT 1867 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.638	Nonpriority creditor's name and mailing address PATIENT 1868 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00

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			Amount of claim
3.639	Nonpriority creditor's name and mailing address PATIENT 1869 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.640	Nonpriority creditor's name and mailing address PATIENT 1870 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.641	Nonpriority creditor's name and mailing address PATIENT 1871 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.642	Nonpriority creditor's name and mailing address PATIENT 1872 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.643	Nonpriority creditor's name and mailing address PATIENT 1876 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.48

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			Amount of claim
3.644	Nonpriority creditor's name and mailing address PATIENT 1877 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.48
3.645	Nonpriority creditor's name and mailing address PATIENT 1878 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.36
3.646	Nonpriority creditor's name and mailing address PATIENT 1880 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.28
3.647	Nonpriority creditor's name and mailing address PATIENT 1881 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.24
3.648	Nonpriority creditor's name and mailing address PATIENT 1883 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.00

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			Amount of claim
3.649	Nonpriority creditor's name and mailing address PATIENT 1884 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.98
3.650	Nonpriority creditor's name and mailing address PATIENT 1890 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.94
3.651	Nonpriority creditor's name and mailing address PATIENT 1892 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
3.652	Nonpriority creditor's name and mailing address PATIENT 1893 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.99
3.653	Nonpriority creditor's name and mailing address PATIENT 1895 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.69

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			Amount of claim
3.654	Nonpriority creditor's name and mailing address PATIENT 1899 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.44
3.655	Nonpriority creditor's name and mailing address PATIENT 1902 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.19
3.656	Nonpriority creditor's name and mailing address PATIENT 1903 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.19
3.657	Nonpriority creditor's name and mailing address PATIENT 1904 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.19
3.658	Nonpriority creditor's name and mailing address PATIENT 1909 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.49

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			Amount of claim
3.659	Nonpriority creditor's name and mailing address PATIENT 1910 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.37
3.660	Nonpriority creditor's name and mailing address PATIENT 1914 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.661	Nonpriority creditor's name and mailing address PATIENT 1915 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.662	Nonpriority creditor's name and mailing address PATIENT 1918 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.35
3.663	Nonpriority creditor's name and mailing address PATIENT 1919 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.13

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			Amount of claim
3.664	Nonpriority creditor's name and mailing address PATIENT 1920 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.09
3.665	Nonpriority creditor's name and mailing address PATIENT 1924 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.80
3.666	Nonpriority creditor's name and mailing address PATIENT 1925 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.70
3.667	Nonpriority creditor's name and mailing address PATIENT 1932 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.96
3.668	Nonpriority creditor's name and mailing address PATIENT 1934 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.71

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			Amount of claim
3.669	Nonpriority creditor's name and mailing address PATIENT 1935 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.45
3.670	Nonpriority creditor's name and mailing address PATIENT 1936 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.44
3.671	Nonpriority creditor's name and mailing address PATIENT 1938 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.24
3.672	Nonpriority creditor's name and mailing address PATIENT 1940 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.05
3.673	Nonpriority creditor's name and mailing address PATIENT 1941 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.02

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			Amount of claim
3.674	Nonpriority creditor's name and mailing address PATIENT 1942 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.00
3.675	Nonpriority creditor's name and mailing address PATIENT 1944 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.89
3.676	Nonpriority creditor's name and mailing address PATIENT 1945 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.89
3.677	Nonpriority creditor's name and mailing address PATIENT 1949 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.38
3.678	Nonpriority creditor's name and mailing address PATIENT 1950 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.73

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			Amount of claim
3.679	Nonpriority creditor's name and mailing address PATIENT 1952 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.63
3.680	Nonpriority creditor's name and mailing address PATIENT 1953 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.48
3.681	Nonpriority creditor's name and mailing address PATIENT 1956 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.29
3.682	Nonpriority creditor's name and mailing address PATIENT 1960 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.54
3.683	Nonpriority creditor's name and mailing address PATIENT 1961 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00

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			Amount of claim
3.684	Nonpriority creditor's name and mailing address PATIENT 1962 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.685	Nonpriority creditor's name and mailing address PATIENT 1963 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.686	Nonpriority creditor's name and mailing address PATIENT 1964 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.687	Nonpriority creditor's name and mailing address PATIENT 1965 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.688	Nonpriority creditor's name and mailing address PATIENT 1966 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00

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			Amount of claim
3.689	Nonpriority creditor's name and mailing address PATIENT 1967 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.690	Nonpriority creditor's name and mailing address PATIENT 1968 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.691	Nonpriority creditor's name and mailing address PATIENT 1969 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.692	Nonpriority creditor's name and mailing address PATIENT 1970 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.693	Nonpriority creditor's name and mailing address PATIENT 1971 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.99

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			Amount of claim
3.694	Nonpriority creditor's name and mailing address PATIENT 1974 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.84
3.695	Nonpriority creditor's name and mailing address PATIENT 1977 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.67
3.696	Nonpriority creditor's name and mailing address PATIENT 1981 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.19
3.697	Nonpriority creditor's name and mailing address PATIENT 1987 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.60
3.698	Nonpriority creditor's name and mailing address PATIENT 1989 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.59

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			Amount of claim
3.699	Nonpriority creditor's name and mailing address PATIENT 1992 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.34
3.700	Nonpriority creditor's name and mailing address PATIENT 1993 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.25
3.701	Nonpriority creditor's name and mailing address PATIENT 1994 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.18
3.702	Nonpriority creditor's name and mailing address PATIENT 1996 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.11
3.703	Nonpriority creditor's name and mailing address PATIENT 1997 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.09

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			Amount of claim
3.704	Nonpriority creditor's name and mailing address PATIENT 1998 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
3.705	Nonpriority creditor's name and mailing address PATIENT 1999 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
3.706	Nonpriority creditor's name and mailing address PATIENT 20001 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.707	Nonpriority creditor's name and mailing address PATIENT 20002 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.94
3.708	Nonpriority creditor's name and mailing address PATIENT 20003 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.81

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			Amount of claim
3.709	Nonpriority creditor's name and mailing address PATIENT 20004 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.710	Nonpriority creditor's name and mailing address PATIENT 20005 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33
3.711	Nonpriority creditor's name and mailing address PATIENT 20006 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.00
3.712	Nonpriority creditor's name and mailing address PATIENT 20007 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
3.713	Nonpriority creditor's name and mailing address PATIENT 20008 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.24

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			Amount of claim
3.714	Nonpriority creditor's name and mailing address PATIENT 20009 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.715	Nonpriority creditor's name and mailing address PATIENT 2001 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.68
3.716	Nonpriority creditor's name and mailing address PATIENT 20010 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.717	Nonpriority creditor's name and mailing address PATIENT 20011 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.718	Nonpriority creditor's name and mailing address PATIENT 20012 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00

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			Amount of claim
3.719	Nonpriority creditor's name and mailing address PATIENT 20013 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.81
3.720	Nonpriority creditor's name and mailing address PATIENT 20014 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.62
3.721	Nonpriority creditor's name and mailing address PATIENT 20015 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.31
3.722	Nonpriority creditor's name and mailing address PATIENT 20016 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.52
3.723	Nonpriority creditor's name and mailing address PATIENT 20017 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.60

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			Amount of claim
3.724	Nonpriority creditor's name and mailing address PATIENT 20018 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.54
3.725	Nonpriority creditor's name and mailing address PATIENT 20019 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.60
3.726	Nonpriority creditor's name and mailing address PATIENT 20020 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.68
3.727	Nonpriority creditor's name and mailing address PATIENT 20021 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.728	Nonpriority creditor's name and mailing address PATIENT 20022 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.00

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			Amount of claim
3.729	Nonpriority creditor's name and mailing address PATIENT 20023 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.730	Nonpriority creditor's name and mailing address PATIENT 20024 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.64
3.731	Nonpriority creditor's name and mailing address PATIENT 20025 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.58
3.732	Nonpriority creditor's name and mailing address PATIENT 20026 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.54
3.733	Nonpriority creditor's name and mailing address PATIENT 20027 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.84

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			Amount of claim
3.734	Nonpriority creditor's name and mailing address PATIENT 20028 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.32
3.735	Nonpriority creditor's name and mailing address PATIENT 20029 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.97
3.736	Nonpriority creditor's name and mailing address PATIENT 20030 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.737	Nonpriority creditor's name and mailing address PATIENT 20031 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.70
3.738	Nonpriority creditor's name and mailing address PATIENT 20032 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.739	Nonpriority creditor's name and mailing address PATIENT 20033 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.740	Nonpriority creditor's name and mailing address PATIENT 20034 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.54
3.741	Nonpriority creditor's name and mailing address PATIENT 20035 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.742	Nonpriority creditor's name and mailing address PATIENT 20036 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.743	Nonpriority creditor's name and mailing address PATIENT 20037 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.52

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			Amount of claim
3.744	Nonpriority creditor's name and mailing address PATIENT 20038 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.745	Nonpriority creditor's name and mailing address PATIENT 20039 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.06
3.746	Nonpriority creditor's name and mailing address PATIENT 20040 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.00
3.747	Nonpriority creditor's name and mailing address PATIENT 20041 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.748	Nonpriority creditor's name and mailing address PATIENT 20042 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.59

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			Amount of claim
3.749	Nonpriority creditor's name and mailing address PATIENT 20043 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.40
3.750	Nonpriority creditor's name and mailing address PATIENT 20044 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.00
3.751	Nonpriority creditor's name and mailing address PATIENT 20045 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.54
3.752	Nonpriority creditor's name and mailing address PATIENT 20046 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.753	Nonpriority creditor's name and mailing address PATIENT 20047 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.67

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			Amount of claim
3.754	Nonpriority creditor's name and mailing address PATIENT 20048 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.755	Nonpriority creditor's name and mailing address PATIENT 20049 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.60
3.756	Nonpriority creditor's name and mailing address PATIENT 2005 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.91
3.757	Nonpriority creditor's name and mailing address PATIENT 20050 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257.53
3.758	Nonpriority creditor's name and mailing address PATIENT 20051 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.759	Nonpriority creditor's name and mailing address PATIENT 20052 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.64
3.760	Nonpriority creditor's name and mailing address PATIENT 20053 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.50
3.761	Nonpriority creditor's name and mailing address PATIENT 20054 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.63
3.762	Nonpriority creditor's name and mailing address PATIENT 20055 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
3.763	Nonpriority creditor's name and mailing address PATIENT 20056 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.07

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			Amount of claim
3.764	Nonpriority creditor's name and mailing address PATIENT 20057 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.87
3.765	Nonpriority creditor's name and mailing address PATIENT 20058 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.72
3.766	Nonpriority creditor's name and mailing address PATIENT 20059 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.00
3.767	Nonpriority creditor's name and mailing address PATIENT 2006 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.46
3.768	Nonpriority creditor's name and mailing address PATIENT 20060 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.26

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			Amount of claim
3.769	Nonpriority creditor's name and mailing address PATIENT 20061 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.98
3.770	Nonpriority creditor's name and mailing address PATIENT 20062 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$291.42
3.771	Nonpriority creditor's name and mailing address PATIENT 20063 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.20
3.772	Nonpriority creditor's name and mailing address PATIENT 20064 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.65
3.773	Nonpriority creditor's name and mailing address PATIENT 20065 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.64

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			Amount of claim
3.774	Nonpriority creditor's name and mailing address PATIENT 20066 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.775	Nonpriority creditor's name and mailing address PATIENT 20067 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.36
3.776	Nonpriority creditor's name and mailing address PATIENT 20068 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
3.777	Nonpriority creditor's name and mailing address PATIENT 20069 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.778	Nonpriority creditor's name and mailing address PATIENT 2007 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.45

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			Amount of claim
3.779	Nonpriority creditor's name and mailing address PATIENT 20070 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
3.780	Nonpriority creditor's name and mailing address PATIENT 20071 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.65
3.781	Nonpriority creditor's name and mailing address PATIENT 20072 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.06
3.782	Nonpriority creditor's name and mailing address PATIENT 20073 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.70
3.783	Nonpriority creditor's name and mailing address PATIENT 20074 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277.75

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			Amount of claim
3.784	Nonpriority creditor's name and mailing address PATIENT 20075 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.29
3.785	Nonpriority creditor's name and mailing address PATIENT 20076 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.77
3.786	Nonpriority creditor's name and mailing address PATIENT 20077 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.00
3.787	Nonpriority creditor's name and mailing address PATIENT 20078 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.98
3.788	Nonpriority creditor's name and mailing address PATIENT 20079 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.54

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			Amount of claim
3.789	Nonpriority creditor's name and mailing address PATIENT 20080 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.87
3.790	Nonpriority creditor's name and mailing address PATIENT 20081 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.19
3.791	Nonpriority creditor's name and mailing address PATIENT 20082 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.62
3.792	Nonpriority creditor's name and mailing address PATIENT 20083 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.793	Nonpriority creditor's name and mailing address PATIENT 20084 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.40

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			Amount of claim
3.794	Nonpriority creditor's name and mailing address PATIENT 20085 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.22
3.795	Nonpriority creditor's name and mailing address PATIENT 20086 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.796	Nonpriority creditor's name and mailing address PATIENT 20087 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.00
3.797	Nonpriority creditor's name and mailing address PATIENT 20088 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.37
3.798	Nonpriority creditor's name and mailing address PATIENT 20089 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.09

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			Amount of claim
3.799	Nonpriority creditor's name and mailing address PATIENT 20090 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.800	Nonpriority creditor's name and mailing address PATIENT 20091 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.74
3.801	Nonpriority creditor's name and mailing address PATIENT 20092 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.802	Nonpriority creditor's name and mailing address PATIENT 20093 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.72
3.803	Nonpriority creditor's name and mailing address PATIENT 20094 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.12

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			Amount of claim
3.804	Nonpriority creditor's name and mailing address PATIENT 20095 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.805	Nonpriority creditor's name and mailing address PATIENT 20096 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.806	Nonpriority creditor's name and mailing address PATIENT 20097 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.807	Nonpriority creditor's name and mailing address PATIENT 20098 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.808	Nonpriority creditor's name and mailing address PATIENT 20099 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.46

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			Amount of claim
3.809	Nonpriority creditor's name and mailing address PATIENT 20100 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.60
3.810	Nonpriority creditor's name and mailing address PATIENT 20101 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.35
3.811	Nonpriority creditor's name and mailing address PATIENT 20102 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.89
3.812	Nonpriority creditor's name and mailing address PATIENT 20103 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.94
3.813	Nonpriority creditor's name and mailing address PATIENT 20104 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00

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			Amount of claim
3.814	Nonpriority creditor's name and mailing address PATIENT 20105 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.815	Nonpriority creditor's name and mailing address PATIENT 20106 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.38
3.816	Nonpriority creditor's name and mailing address PATIENT 20107 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.06
3.817	Nonpriority creditor's name and mailing address PATIENT 20108 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.82
3.818	Nonpriority creditor's name and mailing address PATIENT 20109 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.59

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			Amount of claim
3.819	Nonpriority creditor's name and mailing address PATIENT 2011 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
3.820	Nonpriority creditor's name and mailing address PATIENT 20110 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.66
3.821	Nonpriority creditor's name and mailing address PATIENT 20111 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.43
3.822	Nonpriority creditor's name and mailing address PATIENT 20112 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.20
3.823	Nonpriority creditor's name and mailing address PATIENT 20113 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.00

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			Amount of claim
3.824	Nonpriority creditor's name and mailing address PATIENT 20114 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.74
3.825	Nonpriority creditor's name and mailing address PATIENT 20115 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.33
3.826	Nonpriority creditor's name and mailing address PATIENT 20116 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.73
3.827	Nonpriority creditor's name and mailing address PATIENT 20117 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.40
3.828	Nonpriority creditor's name and mailing address PATIENT 20118 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.00

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			Amount of claim
3.829	Nonpriority creditor's name and mailing address PATIENT 20119 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.830	Nonpriority creditor's name and mailing address PATIENT 2012 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.98
3.831	Nonpriority creditor's name and mailing address PATIENT 20120 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.832	Nonpriority creditor's name and mailing address PATIENT 20121 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.76
3.833	Nonpriority creditor's name and mailing address PATIENT 20122 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.75

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			Amount of claim
3.834	Nonpriority creditor's name and mailing address PATIENT 20123 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.835	Nonpriority creditor's name and mailing address PATIENT 20124 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.06
3.836	Nonpriority creditor's name and mailing address PATIENT 20125 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.00
3.837	Nonpriority creditor's name and mailing address PATIENT 20126 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.95
3.838	Nonpriority creditor's name and mailing address PATIENT 20127 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.48

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			Amount of claim
3.839	Nonpriority creditor's name and mailing address PATIENT 20128 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.840	Nonpriority creditor's name and mailing address PATIENT 20129 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.841	Nonpriority creditor's name and mailing address PATIENT 20130 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.842	Nonpriority creditor's name and mailing address PATIENT 20131 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.20
3.843	Nonpriority creditor's name and mailing address PATIENT 20132 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.40

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			Amount of claim
3.844	Nonpriority creditor's name and mailing address PATIENT 20133 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.82
3.845	Nonpriority creditor's name and mailing address PATIENT 20134 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.846	Nonpriority creditor's name and mailing address PATIENT 20135 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.76
3.847	Nonpriority creditor's name and mailing address PATIENT 20136 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
3.848	Nonpriority creditor's name and mailing address PATIENT 20137 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.52

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			Amount of claim
3.849	Nonpriority creditor's name and mailing address PATIENT 20138 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.850	Nonpriority creditor's name and mailing address PATIENT 20139 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.97
3.851	Nonpriority creditor's name and mailing address PATIENT 2014 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.50
3.852	Nonpriority creditor's name and mailing address PATIENT 20140 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
3.853	Nonpriority creditor's name and mailing address PATIENT 20141 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.50

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			Amount of claim
3.854	Nonpriority creditor's name and mailing address PATIENT 20142 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.855	Nonpriority creditor's name and mailing address PATIENT 20143 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.83
3.856	Nonpriority creditor's name and mailing address PATIENT 20144 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.12
3.857	Nonpriority creditor's name and mailing address PATIENT 20145 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.00
3.858	Nonpriority creditor's name and mailing address PATIENT 20146 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.40

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			Amount of claim
3.859	Nonpriority creditor's name and mailing address PATIENT 20147 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.60
3.860	Nonpriority creditor's name and mailing address PATIENT 20148 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.44
3.861	Nonpriority creditor's name and mailing address PATIENT 20149 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.13
3.862	Nonpriority creditor's name and mailing address PATIENT 2015 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.39
3.863	Nonpriority creditor's name and mailing address PATIENT 20150 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.93

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			Amount of claim
3.864	Nonpriority creditor's name and mailing address PATIENT 20151 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.85
3.865	Nonpriority creditor's name and mailing address PATIENT 20152 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.41
3.866	Nonpriority creditor's name and mailing address PATIENT 20153 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.00
3.867	Nonpriority creditor's name and mailing address PATIENT 20154 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.01
3.868	Nonpriority creditor's name and mailing address PATIENT 20155 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.93

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			Amount of claim
3.869	Nonpriority creditor's name and mailing address PATIENT 20156 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.870	Nonpriority creditor's name and mailing address PATIENT 20157 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.70
3.871	Nonpriority creditor's name and mailing address PATIENT 20158 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.04
3.872	Nonpriority creditor's name and mailing address PATIENT 20159 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.75
3.873	Nonpriority creditor's name and mailing address PATIENT 2016 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.39

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			Amount of claim
3.874	Nonpriority creditor's name and mailing address PATIENT 20160 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.84
3.875	Nonpriority creditor's name and mailing address PATIENT 20161 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.37
3.876	Nonpriority creditor's name and mailing address PATIENT 20162 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
3.877	Nonpriority creditor's name and mailing address PATIENT 20163 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.15
3.878	Nonpriority creditor's name and mailing address PATIENT 20164 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.58

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			Amount of claim
3.879	Nonpriority creditor's name and mailing address PATIENT 20165 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.880	Nonpriority creditor's name and mailing address PATIENT 20166 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.90
3.881	Nonpriority creditor's name and mailing address PATIENT 20167 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.882	Nonpriority creditor's name and mailing address PATIENT 20168 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.54
3.883	Nonpriority creditor's name and mailing address PATIENT 20169 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.884	Nonpriority creditor's name and mailing address PATIENT 2017 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.25
3.885	Nonpriority creditor's name and mailing address PATIENT 20170 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.26
3.886	Nonpriority creditor's name and mailing address PATIENT 20171 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.55
3.887	Nonpriority creditor's name and mailing address PATIENT 20172 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.60
3.888	Nonpriority creditor's name and mailing address PATIENT 20173 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577.84

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			Amount of claim
3.889	Nonpriority creditor's name and mailing address PATIENT 20174 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.84
3.890	Nonpriority creditor's name and mailing address PATIENT 20175 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.20
3.891	Nonpriority creditor's name and mailing address PATIENT 20176 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.37
3.892	Nonpriority creditor's name and mailing address PATIENT 20177 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.94
3.893	Nonpriority creditor's name and mailing address PATIENT 20178 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.40

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			Amount of claim
3.894	Nonpriority creditor's name and mailing address PATIENT 20179 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.895	Nonpriority creditor's name and mailing address PATIENT 20180 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.28
3.896	Nonpriority creditor's name and mailing address PATIENT 20181 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
3.897	Nonpriority creditor's name and mailing address PATIENT 20182 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.33
3.898	Nonpriority creditor's name and mailing address PATIENT 20183 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.11

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			Amount of claim
3.899	Nonpriority creditor's name and mailing address PATIENT 20184 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.23
3.900	Nonpriority creditor's name and mailing address PATIENT 20185 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.30
3.901	Nonpriority creditor's name and mailing address PATIENT 20186 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.80
3.902	Nonpriority creditor's name and mailing address PATIENT 20187 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.903	Nonpriority creditor's name and mailing address PATIENT 20188 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.80

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			Amount of claim
3.904	Nonpriority creditor's name and mailing address PATIENT 20189 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$439.11
3.905	Nonpriority creditor's name and mailing address PATIENT 20190 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.18
3.906	Nonpriority creditor's name and mailing address PATIENT 20191 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.907	Nonpriority creditor's name and mailing address PATIENT 20192 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.02
3.908	Nonpriority creditor's name and mailing address PATIENT 20193 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.63

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			Amount of claim
3.909	Nonpriority creditor's name and mailing address PATIENT 20194 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.44
3.910	Nonpriority creditor's name and mailing address PATIENT 20195 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.76
3.911	Nonpriority creditor's name and mailing address PATIENT 20196 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.31
3.912	Nonpriority creditor's name and mailing address PATIENT 20197 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.77
3.913	Nonpriority creditor's name and mailing address PATIENT 20198 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.00

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			Amount of claim
3.914	Nonpriority creditor's name and mailing address PATIENT 20199 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$287.03
3.915	Nonpriority creditor's name and mailing address PATIENT 2020 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.85
3.916	Nonpriority creditor's name and mailing address PATIENT 20200 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.83
3.917	Nonpriority creditor's name and mailing address PATIENT 20201 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.31
3.918	Nonpriority creditor's name and mailing address PATIENT 20202 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.43

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			Amount of claim
3.919	Nonpriority creditor's name and mailing address PATIENT 20203 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.34
3.920	Nonpriority creditor's name and mailing address PATIENT 20204 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.48
3.921	Nonpriority creditor's name and mailing address PATIENT 20205 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
3.922	Nonpriority creditor's name and mailing address PATIENT 20206 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.98
3.923	Nonpriority creditor's name and mailing address PATIENT 20207 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.08

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			Amount of claim
3.924	Nonpriority creditor's name and mailing address PATIENT 20208 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.36
3.925	Nonpriority creditor's name and mailing address PATIENT 20209 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.83
3.926	Nonpriority creditor's name and mailing address PATIENT 20210 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.927	Nonpriority creditor's name and mailing address PATIENT 20211 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.00
3.928	Nonpriority creditor's name and mailing address PATIENT 20212 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.68

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			Amount of claim
3.929	Nonpriority creditor's name and mailing address PATIENT 20213 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.78
3.930	Nonpriority creditor's name and mailing address PATIENT 20214 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.41
3.931	Nonpriority creditor's name and mailing address PATIENT 20215 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.26
3.932	Nonpriority creditor's name and mailing address PATIENT 20216 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.50
3.933	Nonpriority creditor's name and mailing address PATIENT 20217 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.35

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			Amount of claim
3.934	Nonpriority creditor's name and mailing address PATIENT 20218 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.83
3.935	Nonpriority creditor's name and mailing address PATIENT 20219 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.936	Nonpriority creditor's name and mailing address PATIENT 20220 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.52
3.937	Nonpriority creditor's name and mailing address PATIENT 20221 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.97
3.938	Nonpriority creditor's name and mailing address PATIENT 20222 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.72

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			Amount of claim
3.939	Nonpriority creditor's name and mailing address PATIENT 20223 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.940	Nonpriority creditor's name and mailing address PATIENT 20224 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.941	Nonpriority creditor's name and mailing address PATIENT 20225 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.942	Nonpriority creditor's name and mailing address PATIENT 20226 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.53
3.943	Nonpriority creditor's name and mailing address PATIENT 20227 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.11

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			Amount of claim
3.944	Nonpriority creditor's name and mailing address PATIENT 20228 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.30
3.945	Nonpriority creditor's name and mailing address PATIENT 20229 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.946	Nonpriority creditor's name and mailing address PATIENT 20230 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.947	Nonpriority creditor's name and mailing address PATIENT 20231 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.51
3.948	Nonpriority creditor's name and mailing address PATIENT 20232 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.49

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			Amount of claim
3.949	Nonpriority creditor's name and mailing address PATIENT 20233 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.950	Nonpriority creditor's name and mailing address PATIENT 20234 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.35
3.951	Nonpriority creditor's name and mailing address PATIENT 20235 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.15
3.952	Nonpriority creditor's name and mailing address PATIENT 20236 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.14
3.953	Nonpriority creditor's name and mailing address PATIENT 20237 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.50

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			Amount of claim
3.954	Nonpriority creditor's name and mailing address PATIENT 20238 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.16
3.955	Nonpriority creditor's name and mailing address PATIENT 20239 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.88
3.956	Nonpriority creditor's name and mailing address PATIENT 20240 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.67
3.957	Nonpriority creditor's name and mailing address PATIENT 20241 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.66
3.958	Nonpriority creditor's name and mailing address PATIENT 20242 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.35

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			Amount of claim
3.959	Nonpriority creditor's name and mailing address PATIENT 20243 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.08
3.960	Nonpriority creditor's name and mailing address PATIENT 20244 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.961	Nonpriority creditor's name and mailing address PATIENT 20245 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.11
3.962	Nonpriority creditor's name and mailing address PATIENT 20246 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.14
3.963	Nonpriority creditor's name and mailing address PATIENT 20247 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.95

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			Amount of claim
3.964	Nonpriority creditor's name and mailing address PATIENT 20248 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.28
3.965	Nonpriority creditor's name and mailing address PATIENT 20249 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.966	Nonpriority creditor's name and mailing address PATIENT 20250 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.08
3.967	Nonpriority creditor's name and mailing address PATIENT 20251 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00
3.968	Nonpriority creditor's name and mailing address PATIENT 20252 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.969	Nonpriority creditor's name and mailing address PATIENT 20253 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.09
3.970	Nonpriority creditor's name and mailing address PATIENT 20254 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.40
3.971	Nonpriority creditor's name and mailing address PATIENT 20255 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.74
3.972	Nonpriority creditor's name and mailing address PATIENT 20256 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.36
3.973	Nonpriority creditor's name and mailing address PATIENT 20257 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.00

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			Amount of claim
3.974	Nonpriority creditor's name and mailing address PATIENT 20258 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.90
3.975	Nonpriority creditor's name and mailing address PATIENT 20259 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.92
3.976	Nonpriority creditor's name and mailing address PATIENT 20260 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.03
3.977	Nonpriority creditor's name and mailing address PATIENT 20261 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.84
3.978	Nonpriority creditor's name and mailing address PATIENT 20262 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.76

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			Amount of claim
3.979	Nonpriority creditor's name and mailing address PATIENT 20263 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.72
3.980	Nonpriority creditor's name and mailing address PATIENT 20264 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.36
3.981	Nonpriority creditor's name and mailing address PATIENT 20265 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.75
3.982	Nonpriority creditor's name and mailing address PATIENT 20266 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.27
3.983	Nonpriority creditor's name and mailing address PATIENT 20267 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.51

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			Amount of claim
3.984	Nonpriority creditor's name and mailing address PATIENT 20268 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.16
3.985	Nonpriority creditor's name and mailing address PATIENT 20269 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.50
3.986	Nonpriority creditor's name and mailing address PATIENT 20270 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.78
3.987	Nonpriority creditor's name and mailing address PATIENT 20271 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.00
3.988	Nonpriority creditor's name and mailing address PATIENT 20272 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.20

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			Amount of claim
3.989	Nonpriority creditor's name and mailing address PATIENT 20273 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.15
3.990	Nonpriority creditor's name and mailing address PATIENT 20274 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.45
3.991	Nonpriority creditor's name and mailing address PATIENT 20275 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.992	Nonpriority creditor's name and mailing address PATIENT 20276 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.85
3.993	Nonpriority creditor's name and mailing address PATIENT 20277 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.50

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			Amount of claim
3.994	Nonpriority creditor's name and mailing address PATIENT 20278 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.32
3.995	Nonpriority creditor's name and mailing address PATIENT 20279 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.75
3.996	Nonpriority creditor's name and mailing address PATIENT 2028 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
3.997	Nonpriority creditor's name and mailing address PATIENT 20280 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.54
3.998	Nonpriority creditor's name and mailing address PATIENT 20281 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.11

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			Amount of claim
3.999	Nonpriority creditor's name and mailing address PATIENT 20282 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.92
3.1000	Nonpriority creditor's name and mailing address PATIENT 20283 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.47
3.1001	Nonpriority creditor's name and mailing address PATIENT 20284 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.91
3.1002	Nonpriority creditor's name and mailing address PATIENT 20285 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.48
3.1003	Nonpriority creditor's name and mailing address PATIENT 20286 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.85

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			Amount of claim
3.1004	Nonpriority creditor's name and mailing address PATIENT 20287 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1005	Nonpriority creditor's name and mailing address PATIENT 20288 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.44
3.1006	Nonpriority creditor's name and mailing address PATIENT 20289 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.65
3.1007	Nonpriority creditor's name and mailing address PATIENT 2029 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
3.1008	Nonpriority creditor's name and mailing address PATIENT 20290 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.1009	Nonpriority creditor's name and mailing address PATIENT 20291 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.1010	Nonpriority creditor's name and mailing address PATIENT 20292 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.1011	Nonpriority creditor's name and mailing address PATIENT 20293 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.66
3.1012	Nonpriority creditor's name and mailing address PATIENT 20294 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.1013	Nonpriority creditor's name and mailing address PATIENT 20295 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.70

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			Amount of claim
3.1014	Nonpriority creditor's name and mailing address PATIENT 20296 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.66
3.1015	Nonpriority creditor's name and mailing address PATIENT 20297 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.05
3.1016	Nonpriority creditor's name and mailing address PATIENT 20298 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.74
3.1017	Nonpriority creditor's name and mailing address PATIENT 20299 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$213.94
3.1018	Nonpriority creditor's name and mailing address PATIENT 203 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,408.97

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			Amount of claim
3.1019	Nonpriority creditor's name and mailing address PATIENT 20300 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.94
3.1020	Nonpriority creditor's name and mailing address PATIENT 20301 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.48
3.1021	Nonpriority creditor's name and mailing address PATIENT 20302 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.06
3.1022	Nonpriority creditor's name and mailing address PATIENT 20303 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.91
3.1023	Nonpriority creditor's name and mailing address PATIENT 20304 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.35

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			Amount of claim
3.1024	Nonpriority creditor's name and mailing address PATIENT 20305 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.26
3.1025	Nonpriority creditor's name and mailing address PATIENT 20306 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1026	Nonpriority creditor's name and mailing address PATIENT 20307 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.59
3.1027	Nonpriority creditor's name and mailing address PATIENT 20308 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1028	Nonpriority creditor's name and mailing address PATIENT 20309 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.64

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			Amount of claim
3.1029	Nonpriority creditor's name and mailing address PATIENT 2031 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.80
3.1030	Nonpriority creditor's name and mailing address PATIENT 20310 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.10
3.1031	Nonpriority creditor's name and mailing address PATIENT 20311 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.21
3.1032	Nonpriority creditor's name and mailing address PATIENT 20312 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.16
3.1033	Nonpriority creditor's name and mailing address PATIENT 20313 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.74

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			Amount of claim
3.1034	Nonpriority creditor's name and mailing address PATIENT 20314 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.24
3.1035	Nonpriority creditor's name and mailing address PATIENT 20315 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1036	Nonpriority creditor's name and mailing address PATIENT 20316 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.41
3.1037	Nonpriority creditor's name and mailing address PATIENT 20317 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.56
3.1038	Nonpriority creditor's name and mailing address PATIENT 20318 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.26

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			Amount of claim
3.1039	Nonpriority creditor's name and mailing address PATIENT 20319 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.1040	Nonpriority creditor's name and mailing address PATIENT 2032 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.23
3.1041	Nonpriority creditor's name and mailing address PATIENT 20320 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.72
3.1042	Nonpriority creditor's name and mailing address PATIENT 20321 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.75
3.1043	Nonpriority creditor's name and mailing address PATIENT 20322 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60

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			Amount of claim
3.1044	Nonpriority creditor's name and mailing address PATIENT 20323 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.11
3.1045	Nonpriority creditor's name and mailing address PATIENT 20324 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33
3.1046	Nonpriority creditor's name and mailing address PATIENT 20325 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.1047	Nonpriority creditor's name and mailing address PATIENT 20326 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.83
3.1048	Nonpriority creditor's name and mailing address PATIENT 20327 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.29

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			Amount of claim
3.1049	Nonpriority creditor's name and mailing address PATIENT 20328 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.42
3.1050	Nonpriority creditor's name and mailing address PATIENT 20329 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.55
3.1051	Nonpriority creditor's name and mailing address PATIENT 2033 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.21
3.1052	Nonpriority creditor's name and mailing address PATIENT 20330 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.12
3.1053	Nonpriority creditor's name and mailing address PATIENT 20331 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.92

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			Amount of claim
3.1054	Nonpriority creditor's name and mailing address PATIENT 20332 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.92
3.1055	Nonpriority creditor's name and mailing address PATIENT 20333 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.48
3.1056	Nonpriority creditor's name and mailing address PATIENT 20334 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.18
3.1057	Nonpriority creditor's name and mailing address PATIENT 20335 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1058	Nonpriority creditor's name and mailing address PATIENT 20336 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.60

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			Amount of claim
3.1059	Nonpriority creditor's name and mailing address PATIENT 20337 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.14
3.1060	Nonpriority creditor's name and mailing address PATIENT 20338 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.1061	Nonpriority creditor's name and mailing address PATIENT 20339 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.43
3.1062	Nonpriority creditor's name and mailing address PATIENT 20340 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.60
3.1063	Nonpriority creditor's name and mailing address PATIENT 20341 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.91

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			Amount of claim
3.1064	Nonpriority creditor's name and mailing address PATIENT 20342 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.09
3.1065	Nonpriority creditor's name and mailing address PATIENT 20343 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.02
3.1066	Nonpriority creditor's name and mailing address PATIENT 20344 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.49
3.1067	Nonpriority creditor's name and mailing address PATIENT 20345 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.25
3.1068	Nonpriority creditor's name and mailing address PATIENT 20346 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$204.05

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			Amount of claim
3.1069	Nonpriority creditor's name and mailing address PATIENT 20347 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.00
3.1070	Nonpriority creditor's name and mailing address PATIENT 20348 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1071	Nonpriority creditor's name and mailing address PATIENT 20349 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.1072	Nonpriority creditor's name and mailing address PATIENT 20350 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.96
3.1073	Nonpriority creditor's name and mailing address PATIENT 20351 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.38

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			Amount of claim
3.1074	Nonpriority creditor's name and mailing address PATIENT 20352 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
3.1075	Nonpriority creditor's name and mailing address PATIENT 20353 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.90
3.1076	Nonpriority creditor's name and mailing address PATIENT 20354 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.1077	Nonpriority creditor's name and mailing address PATIENT 20355 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.88
3.1078	Nonpriority creditor's name and mailing address PATIENT 20356 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.48

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			Amount of claim
3.1079	Nonpriority creditor's name and mailing address PATIENT 20357 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.06
3.1080	Nonpriority creditor's name and mailing address PATIENT 20358 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.97
3.1081	Nonpriority creditor's name and mailing address PATIENT 20359 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33
3.1082	Nonpriority creditor's name and mailing address PATIENT 20360 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.93
3.1083	Nonpriority creditor's name and mailing address PATIENT 20361 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.78

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			Amount of claim
3.1084	Nonpriority creditor's name and mailing address PATIENT 20362 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1085	Nonpriority creditor's name and mailing address PATIENT 20363 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.00
3.1086	Nonpriority creditor's name and mailing address PATIENT 20364 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.63
3.1087	Nonpriority creditor's name and mailing address PATIENT 20365 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.06
3.1088	Nonpriority creditor's name and mailing address PATIENT 20366 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.00

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			Amount of claim
3.1089	Nonpriority creditor's name and mailing address PATIENT 20367 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.97
3.1090	Nonpriority creditor's name and mailing address PATIENT 20368 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.73
3.1091	Nonpriority creditor's name and mailing address PATIENT 20369 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.89
3.1092	Nonpriority creditor's name and mailing address PATIENT 20370 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.39
3.1093	Nonpriority creditor's name and mailing address PATIENT 20371 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.20

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			Amount of claim
3.1094	Nonpriority creditor's name and mailing address PATIENT 20372 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.80
3.1095	Nonpriority creditor's name and mailing address PATIENT 20373 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.84
3.1096	Nonpriority creditor's name and mailing address PATIENT 20374 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.36
3.1097	Nonpriority creditor's name and mailing address PATIENT 20375 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.00
3.1098	Nonpriority creditor's name and mailing address PATIENT 20376 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.53

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			Amount of claim
3.1099	Nonpriority creditor's name and mailing address PATIENT 20377 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.64
3.1100	Nonpriority creditor's name and mailing address PATIENT 20378 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33
3.1101	Nonpriority creditor's name and mailing address PATIENT 20379 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.69
3.1102	Nonpriority creditor's name and mailing address PATIENT 20380 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.00
3.1103	Nonpriority creditor's name and mailing address PATIENT 20381 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.1104	Nonpriority creditor's name and mailing address PATIENT 20382 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.1105	Nonpriority creditor's name and mailing address PATIENT 20383 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.00
3.1106	Nonpriority creditor's name and mailing address PATIENT 20384 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.40
3.1107	Nonpriority creditor's name and mailing address PATIENT 20385 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
3.1108	Nonpriority creditor's name and mailing address PATIENT 20386 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.00

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			Amount of claim
3.1109	Nonpriority creditor's name and mailing address PATIENT 20387 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.72
3.1110	Nonpriority creditor's name and mailing address PATIENT 20388 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255.77
3.1111	Nonpriority creditor's name and mailing address PATIENT 20389 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.18
3.1112	Nonpriority creditor's name and mailing address PATIENT 2039 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1113	Nonpriority creditor's name and mailing address PATIENT 20390 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.1114	Nonpriority creditor's name and mailing address PATIENT 20391 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.48
3.1115	Nonpriority creditor's name and mailing address PATIENT 20392 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.45
3.1116	Nonpriority creditor's name and mailing address PATIENT 20393 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.58
3.1117	Nonpriority creditor's name and mailing address PATIENT 20394 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$974.51
3.1118	Nonpriority creditor's name and mailing address PATIENT 20395 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.79

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			Amount of claim
3.1119	Nonpriority creditor's name and mailing address PATIENT 20396 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1120	Nonpriority creditor's name and mailing address PATIENT 20397 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.49
3.1121	Nonpriority creditor's name and mailing address PATIENT 20398 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1122	Nonpriority creditor's name and mailing address PATIENT 20399 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.86
3.1123	Nonpriority creditor's name and mailing address PATIENT 2040 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00

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			Amount of claim
3.1124	Nonpriority creditor's name and mailing address PATIENT 20400 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.08
3.1125	Nonpriority creditor's name and mailing address PATIENT 20401 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.84
3.1126	Nonpriority creditor's name and mailing address PATIENT 20402 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.17
3.1127	Nonpriority creditor's name and mailing address PATIENT 20403 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.97
3.1128	Nonpriority creditor's name and mailing address PATIENT 20404 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.72

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			Amount of claim
3.1129	Nonpriority creditor's name and mailing address PATIENT 20405 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.27
3.1130	Nonpriority creditor's name and mailing address PATIENT 20406 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.19
3.1131	Nonpriority creditor's name and mailing address PATIENT 20407 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
3.1132	Nonpriority creditor's name and mailing address PATIENT 20408 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$436.30
3.1133	Nonpriority creditor's name and mailing address PATIENT 20409 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.81

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			Amount of claim
3.1134	Nonpriority creditor's name and mailing address PATIENT 2041 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1135	Nonpriority creditor's name and mailing address PATIENT 20410 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.74
3.1136	Nonpriority creditor's name and mailing address PATIENT 20411 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.25
3.1137	Nonpriority creditor's name and mailing address PATIENT 20412 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.12
3.1138	Nonpriority creditor's name and mailing address PATIENT 20413 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.29

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			Amount of claim
3.1139	Nonpriority creditor's name and mailing address PATIENT 20414 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.51
3.1140	Nonpriority creditor's name and mailing address PATIENT 20415 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.91
3.1141	Nonpriority creditor's name and mailing address PATIENT 20416 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.08
3.1142	Nonpriority creditor's name and mailing address PATIENT 20417 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.04
3.1143	Nonpriority creditor's name and mailing address PATIENT 20418 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.66

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			Amount of claim
3.1144	Nonpriority creditor's name and mailing address PATIENT 20419 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.67
3.1145	Nonpriority creditor's name and mailing address PATIENT 2042 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1146	Nonpriority creditor's name and mailing address PATIENT 20420 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.88
3.1147	Nonpriority creditor's name and mailing address PATIENT 20421 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.82
3.1148	Nonpriority creditor's name and mailing address PATIENT 20422 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.97

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			Amount of claim
3.1149	Nonpriority creditor's name and mailing address PATIENT 20423 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.00
3.1150	Nonpriority creditor's name and mailing address PATIENT 20424 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.00
3.1151	Nonpriority creditor's name and mailing address PATIENT 20425 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.30
3.1152	Nonpriority creditor's name and mailing address PATIENT 20426 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
3.1153	Nonpriority creditor's name and mailing address PATIENT 20427 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.71

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			Amount of claim
3.1154	Nonpriority creditor's name and mailing address PATIENT 20428 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.41
3.1155	Nonpriority creditor's name and mailing address PATIENT 20429 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1156	Nonpriority creditor's name and mailing address PATIENT 2043 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1157	Nonpriority creditor's name and mailing address PATIENT 20430 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.43
3.1158	Nonpriority creditor's name and mailing address PATIENT 20431 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.78

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			Amount of claim
3.1159	Nonpriority creditor's name and mailing address PATIENT 20432 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.1160	Nonpriority creditor's name and mailing address PATIENT 20433 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.93
3.1161	Nonpriority creditor's name and mailing address PATIENT 20434 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.09
3.1162	Nonpriority creditor's name and mailing address PATIENT 20435 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.48
3.1163	Nonpriority creditor's name and mailing address PATIENT 20436 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.50

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			Amount of claim
3.1164	Nonpriority creditor's name and mailing address PATIENT 20437 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
3.1165	Nonpriority creditor's name and mailing address PATIENT 20438 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.35
3.1166	Nonpriority creditor's name and mailing address PATIENT 20439 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.69
3.1167	Nonpriority creditor's name and mailing address PATIENT 2044 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1168	Nonpriority creditor's name and mailing address PATIENT 20440 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.65

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			Amount of claim
3.1169	Nonpriority creditor's name and mailing address PATIENT 20441 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.99
3.1170	Nonpriority creditor's name and mailing address PATIENT 20442 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.25
3.1171	Nonpriority creditor's name and mailing address PATIENT 20443 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1172	Nonpriority creditor's name and mailing address PATIENT 20444 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.10
3.1173	Nonpriority creditor's name and mailing address PATIENT 20445 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.37

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			Amount of claim
3.1174	Nonpriority creditor's name and mailing address PATIENT 20446 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.21
3.1175	Nonpriority creditor's name and mailing address PATIENT 20447 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.77
3.1176	Nonpriority creditor's name and mailing address PATIENT 20448 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.47
3.1177	Nonpriority creditor's name and mailing address PATIENT 20449 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.25
3.1178	Nonpriority creditor's name and mailing address PATIENT 2045 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00

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			Amount of claim
3.1179	Nonpriority creditor's name and mailing address PATIENT 20450 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.30
3.1180	Nonpriority creditor's name and mailing address PATIENT 20451 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.83
3.1181	Nonpriority creditor's name and mailing address PATIENT 20452 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.1182	Nonpriority creditor's name and mailing address PATIENT 20453 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.1183	Nonpriority creditor's name and mailing address PATIENT 20454 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.75

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			Amount of claim
3.1184	Nonpriority creditor's name and mailing address PATIENT 20455 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.39
3.1185	Nonpriority creditor's name and mailing address PATIENT 20456 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.36
3.1186	Nonpriority creditor's name and mailing address PATIENT 20457 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.73
3.1187	Nonpriority creditor's name and mailing address PATIENT 20458 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.83
3.1188	Nonpriority creditor's name and mailing address PATIENT 20459 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00

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			Amount of claim
3.1189	Nonpriority creditor's name and mailing address PATIENT 2046 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1190	Nonpriority creditor's name and mailing address PATIENT 20460 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.40
3.1191	Nonpriority creditor's name and mailing address PATIENT 20461 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.75
3.1192	Nonpriority creditor's name and mailing address PATIENT 20462 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.08
3.1193	Nonpriority creditor's name and mailing address PATIENT 20463 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00

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			Amount of claim
3.1194	Nonpriority creditor's name and mailing address PATIENT 20464 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.67
3.1195	Nonpriority creditor's name and mailing address PATIENT 20465 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.56
3.1196	Nonpriority creditor's name and mailing address PATIENT 20466 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.16
3.1197	Nonpriority creditor's name and mailing address PATIENT 20467 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257.61
3.1198	Nonpriority creditor's name and mailing address PATIENT 20468 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.75

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			Amount of claim
3.1199	Nonpriority creditor's name and mailing address PATIENT 20469 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.60
3.1200	Nonpriority creditor's name and mailing address PATIENT 2047 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1201	Nonpriority creditor's name and mailing address PATIENT 20470 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.98
3.1202	Nonpriority creditor's name and mailing address PATIENT 20471 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.34
3.1203	Nonpriority creditor's name and mailing address PATIENT 20472 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.95

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			Amount of claim
3.1204	Nonpriority creditor's name and mailing address PATIENT 20473 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.39
3.1205	Nonpriority creditor's name and mailing address PATIENT 20474 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.58
3.1206	Nonpriority creditor's name and mailing address PATIENT 20475 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.11
3.1207	Nonpriority creditor's name and mailing address PATIENT 20476 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.15
3.1208	Nonpriority creditor's name and mailing address PATIENT 20477 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.1209	Nonpriority creditor's name and mailing address PATIENT 20478 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.10
3.1210	Nonpriority creditor's name and mailing address PATIENT 20479 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.70
3.1211	Nonpriority creditor's name and mailing address PATIENT 2048 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1212	Nonpriority creditor's name and mailing address PATIENT 20480 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.1213	Nonpriority creditor's name and mailing address PATIENT 20481 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.97

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			Amount of claim
3.1214	Nonpriority creditor's name and mailing address PATIENT 20482 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1215	Nonpriority creditor's name and mailing address PATIENT 20483 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.18
3.1216	Nonpriority creditor's name and mailing address PATIENT 20484 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.85
3.1217	Nonpriority creditor's name and mailing address PATIENT 20485 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.1218	Nonpriority creditor's name and mailing address PATIENT 20486 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.00

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			Amount of claim
3.1219	Nonpriority creditor's name and mailing address PATIENT 20487 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.50
3.1220	Nonpriority creditor's name and mailing address PATIENT 20488 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33
3.1221	Nonpriority creditor's name and mailing address PATIENT 20489 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.1222	Nonpriority creditor's name and mailing address PATIENT 2049 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1223	Nonpriority creditor's name and mailing address PATIENT 20490 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.01

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			Amount of claim
3.1224	Nonpriority creditor's name and mailing address PATIENT 20491 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.76
3.1225	Nonpriority creditor's name and mailing address PATIENT 20492 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.80
3.1226	Nonpriority creditor's name and mailing address PATIENT 20493 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.04
3.1227	Nonpriority creditor's name and mailing address PATIENT 20494 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.67
3.1228	Nonpriority creditor's name and mailing address PATIENT 20495 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.79

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			Amount of claim
3.1229	Nonpriority creditor's name and mailing address PATIENT 20496 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.58
3.1230	Nonpriority creditor's name and mailing address PATIENT 20497 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.13
3.1231	Nonpriority creditor's name and mailing address PATIENT 20498 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
3.1232	Nonpriority creditor's name and mailing address PATIENT 20499 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.25
3.1233	Nonpriority creditor's name and mailing address PATIENT 2050 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00

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			Amount of claim
3.1234	Nonpriority creditor's name and mailing address PATIENT 20500 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.08
3.1235	Nonpriority creditor's name and mailing address PATIENT 20501 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.02
3.1236	Nonpriority creditor's name and mailing address PATIENT 20502 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.29
3.1237	Nonpriority creditor's name and mailing address PATIENT 20503 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.71
3.1238	Nonpriority creditor's name and mailing address PATIENT 20504 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.30

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			Amount of claim
3.1239	Nonpriority creditor's name and mailing address PATIENT 20505 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.50
3.1240	Nonpriority creditor's name and mailing address PATIENT 20506 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.72
3.1241	Nonpriority creditor's name and mailing address PATIENT 20507 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.1242	Nonpriority creditor's name and mailing address PATIENT 20508 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.00
3.1243	Nonpriority creditor's name and mailing address PATIENT 20509 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277.74

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			Amount of claim
3.1244	Nonpriority creditor's name and mailing address PATIENT 2051 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1245	Nonpriority creditor's name and mailing address PATIENT 20510 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.50
3.1246	Nonpriority creditor's name and mailing address PATIENT 20511 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.88
3.1247	Nonpriority creditor's name and mailing address PATIENT 20512 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.99
3.1248	Nonpriority creditor's name and mailing address PATIENT 20513 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.91

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			Amount of claim
3.1249	Nonpriority creditor's name and mailing address PATIENT 20514 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.31
3.1250	Nonpriority creditor's name and mailing address PATIENT 20515 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.91
3.1251	Nonpriority creditor's name and mailing address PATIENT 20516 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.24
3.1252	Nonpriority creditor's name and mailing address PATIENT 20517 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00
3.1253	Nonpriority creditor's name and mailing address PATIENT 20518 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.1254	Nonpriority creditor's name and mailing address PATIENT 20519 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.07
3.1255	Nonpriority creditor's name and mailing address PATIENT 2052 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1256	Nonpriority creditor's name and mailing address PATIENT 20520 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.1257	Nonpriority creditor's name and mailing address PATIENT 20521 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.15
3.1258	Nonpriority creditor's name and mailing address PATIENT 20522 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00

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			Amount of claim
3.1259	Nonpriority creditor's name and mailing address PATIENT 20523 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.35
3.1260	Nonpriority creditor's name and mailing address PATIENT 20524 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.1261	Nonpriority creditor's name and mailing address PATIENT 20525 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1262	Nonpriority creditor's name and mailing address PATIENT 20526 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.47
3.1263	Nonpriority creditor's name and mailing address PATIENT 20527 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33

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			Amount of claim
3.1264	Nonpriority creditor's name and mailing address PATIENT 20528 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.61
3.1265	Nonpriority creditor's name and mailing address PATIENT 20529 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.24
3.1266	Nonpriority creditor's name and mailing address PATIENT 2053 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1267	Nonpriority creditor's name and mailing address PATIENT 20530 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.52
3.1268	Nonpriority creditor's name and mailing address PATIENT 20531 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.69

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			Amount of claim
3.1269	Nonpriority creditor's name and mailing address PATIENT 20532 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.02
3.1270	Nonpriority creditor's name and mailing address PATIENT 20533 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.20
3.1271	Nonpriority creditor's name and mailing address PATIENT 20534 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
3.1272	Nonpriority creditor's name and mailing address PATIENT 20535 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.38
3.1273	Nonpriority creditor's name and mailing address PATIENT 20536 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.1274	Nonpriority creditor's name and mailing address PATIENT 20537 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.40
3.1275	Nonpriority creditor's name and mailing address PATIENT 20538 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1276	Nonpriority creditor's name and mailing address PATIENT 20539 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.80
3.1277	Nonpriority creditor's name and mailing address PATIENT 2054 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1278	Nonpriority creditor's name and mailing address PATIENT 20540 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$181.19

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			Amount of claim
3.1279	Nonpriority creditor's name and mailing address PATIENT 20541 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.1280	Nonpriority creditor's name and mailing address PATIENT 20542 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.33
3.1281	Nonpriority creditor's name and mailing address PATIENT 20543 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.66
3.1282	Nonpriority creditor's name and mailing address PATIENT 20544 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.92
3.1283	Nonpriority creditor's name and mailing address PATIENT 20545 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.38

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			Amount of claim
3.1284	Nonpriority creditor's name and mailing address PATIENT 20546 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1285	Nonpriority creditor's name and mailing address PATIENT 20547 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.82
3.1286	Nonpriority creditor's name and mailing address PATIENT 20548 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.39
3.1287	Nonpriority creditor's name and mailing address PATIENT 20549 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.52
3.1288	Nonpriority creditor's name and mailing address PATIENT 2055 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00

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			Amount of claim
3.1289	Nonpriority creditor's name and mailing address PATIENT 20550 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.1290	Nonpriority creditor's name and mailing address PATIENT 20551 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.75
3.1291	Nonpriority creditor's name and mailing address PATIENT 20552 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.88
3.1292	Nonpriority creditor's name and mailing address PATIENT 20553 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.1293	Nonpriority creditor's name and mailing address PATIENT 20554 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.43

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			Amount of claim
3.1294	Nonpriority creditor's name and mailing address PATIENT 20555 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.41
3.1295	Nonpriority creditor's name and mailing address PATIENT 20556 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.1296	Nonpriority creditor's name and mailing address PATIENT 20557 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
3.1297	Nonpriority creditor's name and mailing address PATIENT 20558 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.74
3.1298	Nonpriority creditor's name and mailing address PATIENT 20559 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

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			Amount of claim
3.1299	Nonpriority creditor's name and mailing address PATIENT 2056 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1300	Nonpriority creditor's name and mailing address PATIENT 20560 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.76
3.1301	Nonpriority creditor's name and mailing address PATIENT 20561 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.51
3.1302	Nonpriority creditor's name and mailing address PATIENT 20562 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.41
3.1303	Nonpriority creditor's name and mailing address PATIENT 20563 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.50

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			Amount of claim
3.1304	Nonpriority creditor's name and mailing address PATIENT 20564 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.33
3.1305	Nonpriority creditor's name and mailing address PATIENT 20565 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.40
3.1306	Nonpriority creditor's name and mailing address PATIENT 20566 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.19
3.1307	Nonpriority creditor's name and mailing address PATIENT 20567 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.1308	Nonpriority creditor's name and mailing address PATIENT 20568 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.1309	Nonpriority creditor's name and mailing address PATIENT 20569 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.74
3.1310	Nonpriority creditor's name and mailing address PATIENT 2057 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1311	Nonpriority creditor's name and mailing address PATIENT 20570 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.16
3.1312	Nonpriority creditor's name and mailing address PATIENT 20571 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.03
3.1313	Nonpriority creditor's name and mailing address PATIENT 20572 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.43

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			Amount of claim
3.1314	Nonpriority creditor's name and mailing address PATIENT 20573 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.02
3.1315	Nonpriority creditor's name and mailing address PATIENT 20574 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.79
3.1316	Nonpriority creditor's name and mailing address PATIENT 20575 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.80
3.1317	Nonpriority creditor's name and mailing address PATIENT 20576 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.58
3.1318	Nonpriority creditor's name and mailing address PATIENT 20577 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.60

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			Amount of claim
3.1319	Nonpriority creditor's name and mailing address PATIENT 20578 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.98
3.1320	Nonpriority creditor's name and mailing address PATIENT 20579 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.51
3.1321	Nonpriority creditor's name and mailing address PATIENT 2058 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1322	Nonpriority creditor's name and mailing address PATIENT 20580 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.61
3.1323	Nonpriority creditor's name and mailing address PATIENT 20581 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.88

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			Amount of claim
3.1324	Nonpriority creditor's name and mailing address PATIENT 20582 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.50
3.1325	Nonpriority creditor's name and mailing address PATIENT 20583 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.21
3.1326	Nonpriority creditor's name and mailing address PATIENT 20584 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194.39
3.1327	Nonpriority creditor's name and mailing address PATIENT 20585 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.1328	Nonpriority creditor's name and mailing address PATIENT 20586 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.83

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			Amount of claim
3.1329	Nonpriority creditor's name and mailing address PATIENT 20587 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.60
3.1330	Nonpriority creditor's name and mailing address PATIENT 20588 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.30
3.1331	Nonpriority creditor's name and mailing address PATIENT 20589 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.92
3.1332	Nonpriority creditor's name and mailing address PATIENT 2059 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1333	Nonpriority creditor's name and mailing address PATIENT 20590 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.85

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			Amount of claim
3.1334	Nonpriority creditor's name and mailing address PATIENT 20591 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.86
3.1335	Nonpriority creditor's name and mailing address PATIENT 20592 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.50
3.1336	Nonpriority creditor's name and mailing address PATIENT 20593 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.97
3.1337	Nonpriority creditor's name and mailing address PATIENT 20594 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.48
3.1338	Nonpriority creditor's name and mailing address PATIENT 20595 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.11

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			Amount of claim
3.1339	Nonpriority creditor's name and mailing address PATIENT 20596 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.84
3.1340	Nonpriority creditor's name and mailing address PATIENT 20597 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.00
3.1341	Nonpriority creditor's name and mailing address PATIENT 20598 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.36
3.1342	Nonpriority creditor's name and mailing address PATIENT 20599 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33
3.1343	Nonpriority creditor's name and mailing address PATIENT 2060 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00

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			Amount of claim
3.1344	Nonpriority creditor's name and mailing address PATIENT 20600 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$262.28
3.1345	Nonpriority creditor's name and mailing address PATIENT 20601 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.43
3.1346	Nonpriority creditor's name and mailing address PATIENT 20602 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
3.1347	Nonpriority creditor's name and mailing address PATIENT 20603 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.49
3.1348	Nonpriority creditor's name and mailing address PATIENT 20604 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.22

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			Amount of claim
3.1349	Nonpriority creditor's name and mailing address PATIENT 20605 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.66
3.1350	Nonpriority creditor's name and mailing address PATIENT 20606 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1351	Nonpriority creditor's name and mailing address PATIENT 20607 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.04
3.1352	Nonpriority creditor's name and mailing address PATIENT 20608 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.80
3.1353	Nonpriority creditor's name and mailing address PATIENT 20609 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.48

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			Amount of claim
3.1354	Nonpriority creditor's name and mailing address PATIENT 2061 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1355	Nonpriority creditor's name and mailing address PATIENT 20610 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.64
3.1356	Nonpriority creditor's name and mailing address PATIENT 20611 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.48
3.1357	Nonpriority creditor's name and mailing address PATIENT 20612 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.36
3.1358	Nonpriority creditor's name and mailing address PATIENT 20613 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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		Amount of claim
3.1359	Nonpriority creditor's name and mailing address PATIENT 20614 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.1360	Nonpriority creditor's name and mailing address PATIENT 20615 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.1361	Nonpriority creditor's name and mailing address PATIENT 20616 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.1362	Nonpriority creditor's name and mailing address PATIENT 20617 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.1363	Nonpriority creditor's name and mailing address PATIENT 20618 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.1364	Nonpriority creditor's name and mailing address PATIENT 20619 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.54
3.1365	Nonpriority creditor's name and mailing address PATIENT 20620 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.43
3.1366	Nonpriority creditor's name and mailing address PATIENT 20621 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.50
3.1367	Nonpriority creditor's name and mailing address PATIENT 20622 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1368	Nonpriority creditor's name and mailing address PATIENT 20623 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.98

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			Amount of claim
3.1369	Nonpriority creditor's name and mailing address PATIENT 20624 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
3.1370	Nonpriority creditor's name and mailing address PATIENT 20625 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.50
3.1371	Nonpriority creditor's name and mailing address PATIENT 20626 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.28
3.1372	Nonpriority creditor's name and mailing address PATIENT 20627 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.52
3.1373	Nonpriority creditor's name and mailing address PATIENT 20628 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00

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			Amount of claim
3.1374	Nonpriority creditor's name and mailing address PATIENT 20629 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.35
3.1375	Nonpriority creditor's name and mailing address PATIENT 20630 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.1376	Nonpriority creditor's name and mailing address PATIENT 20631 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.79
3.1377	Nonpriority creditor's name and mailing address PATIENT 20632 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.72
3.1378	Nonpriority creditor's name and mailing address PATIENT 20633 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.10

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			Amount of claim
3.1379	Nonpriority creditor's name and mailing address PATIENT 20634 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.19
3.1380	Nonpriority creditor's name and mailing address PATIENT 20635 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.1381	Nonpriority creditor's name and mailing address PATIENT 20636 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.60
3.1382	Nonpriority creditor's name and mailing address PATIENT 20637 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.38
3.1383	Nonpriority creditor's name and mailing address PATIENT 20638 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.73

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			Amount of claim
3.1384	Nonpriority creditor's name and mailing address PATIENT 20639 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.94
3.1385	Nonpriority creditor's name and mailing address PATIENT 20640 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.89
3.1386	Nonpriority creditor's name and mailing address PATIENT 20641 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1387	Nonpriority creditor's name and mailing address PATIENT 20642 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.37
3.1388	Nonpriority creditor's name and mailing address PATIENT 20643 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.75

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			Amount of claim
3.1389	Nonpriority creditor's name and mailing address PATIENT 20644 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.1390	Nonpriority creditor's name and mailing address PATIENT 20645 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.1391	Nonpriority creditor's name and mailing address PATIENT 20646 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.21
3.1392	Nonpriority creditor's name and mailing address PATIENT 20647 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.1393	Nonpriority creditor's name and mailing address PATIENT 20648 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.67

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			Amount of claim
3.1394	Nonpriority creditor's name and mailing address PATIENT 20649 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.11
3.1395	Nonpriority creditor's name and mailing address PATIENT 2065 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.50
3.1396	Nonpriority creditor's name and mailing address PATIENT 20650 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.1397	Nonpriority creditor's name and mailing address PATIENT 20651 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33
3.1398	Nonpriority creditor's name and mailing address PATIENT 20652 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.50

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			Amount of claim
3.1399	Nonpriority creditor's name and mailing address PATIENT 20653 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.47
3.1400	Nonpriority creditor's name and mailing address PATIENT 20654 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.50
3.1401	Nonpriority creditor's name and mailing address PATIENT 20655 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.35
3.1402	Nonpriority creditor's name and mailing address PATIENT 20656 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.36
3.1403	Nonpriority creditor's name and mailing address PATIENT 20657 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.30

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			Amount of claim
3.1404	Nonpriority creditor's name and mailing address PATIENT 20658 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.00
3.1405	Nonpriority creditor's name and mailing address PATIENT 20659 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.00
3.1406	Nonpriority creditor's name and mailing address PATIENT 2066 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.50
3.1407	Nonpriority creditor's name and mailing address PATIENT 20660 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1408	Nonpriority creditor's name and mailing address PATIENT 20661 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.75

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			Amount of claim
3.1409	Nonpriority creditor's name and mailing address PATIENT 20662 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.72
3.1410	Nonpriority creditor's name and mailing address PATIENT 20663 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.97
3.1411	Nonpriority creditor's name and mailing address PATIENT 20664 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.1412	Nonpriority creditor's name and mailing address PATIENT 20665 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.65
3.1413	Nonpriority creditor's name and mailing address PATIENT 20666 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.25

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			Amount of claim
3.1414	Nonpriority creditor's name and mailing address PATIENT 20667 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.12
3.1415	Nonpriority creditor's name and mailing address PATIENT 20668 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.13
3.1416	Nonpriority creditor's name and mailing address PATIENT 20669 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.80
3.1417	Nonpriority creditor's name and mailing address PATIENT 2067 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.50
3.1418	Nonpriority creditor's name and mailing address PATIENT 20670 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.20

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			Amount of claim
3.1419	Nonpriority creditor's name and mailing address PATIENT 20671 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1420	Nonpriority creditor's name and mailing address PATIENT 20672 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.79
3.1421	Nonpriority creditor's name and mailing address PATIENT 20673 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.13
3.1422	Nonpriority creditor's name and mailing address PATIENT 20674 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.1423	Nonpriority creditor's name and mailing address PATIENT 20675 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.64

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			Amount of claim
3.1424	Nonpriority creditor's name and mailing address PATIENT 20676 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.97
3.1425	Nonpriority creditor's name and mailing address PATIENT 20677 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.38
3.1426	Nonpriority creditor's name and mailing address PATIENT 20678 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.1427	Nonpriority creditor's name and mailing address PATIENT 20679 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.38
3.1428	Nonpriority creditor's name and mailing address PATIENT 2068 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.50

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			Amount of claim
3.1429	Nonpriority creditor's name and mailing address PATIENT 20680 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.40
3.1430	Nonpriority creditor's name and mailing address PATIENT 20681 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.72
3.1431	Nonpriority creditor's name and mailing address PATIENT 20682 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.49
3.1432	Nonpriority creditor's name and mailing address PATIENT 20683 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1433	Nonpriority creditor's name and mailing address PATIENT 20684 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.00

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			Amount of claim
3.1434	Nonpriority creditor's name and mailing address PATIENT 20685 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.00
3.1435	Nonpriority creditor's name and mailing address PATIENT 20686 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.10
3.1436	Nonpriority creditor's name and mailing address PATIENT 20687 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.27
3.1437	Nonpriority creditor's name and mailing address PATIENT 20688 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1438	Nonpriority creditor's name and mailing address PATIENT 20689 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.24

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			Amount of claim
3.1439	Nonpriority creditor's name and mailing address PATIENT 20690 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.75
3.1440	Nonpriority creditor's name and mailing address PATIENT 20691 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.1441	Nonpriority creditor's name and mailing address PATIENT 20692 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.21
3.1442	Nonpriority creditor's name and mailing address PATIENT 20693 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.00
3.1443	Nonpriority creditor's name and mailing address PATIENT 20694 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00

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			Amount of claim
3.1444	Nonpriority creditor's name and mailing address PATIENT 20695 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.70
3.1445	Nonpriority creditor's name and mailing address PATIENT 20696 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.00
3.1446	Nonpriority creditor's name and mailing address PATIENT 20697 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.52
3.1447	Nonpriority creditor's name and mailing address PATIENT 20698 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.76
3.1448	Nonpriority creditor's name and mailing address PATIENT 20699 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.49

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			Amount of claim
3.1449	Nonpriority creditor's name and mailing address PATIENT 2070 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.36
3.1450	Nonpriority creditor's name and mailing address PATIENT 20700 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.97
3.1451	Nonpriority creditor's name and mailing address PATIENT 20701 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.66
3.1452	Nonpriority creditor's name and mailing address PATIENT 20702 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1453	Nonpriority creditor's name and mailing address PATIENT 20703 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$383.32

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			Amount of claim
3.1454	Nonpriority creditor's name and mailing address PATIENT 20704 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1455	Nonpriority creditor's name and mailing address PATIENT 20705 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.50
3.1456	Nonpriority creditor's name and mailing address PATIENT 20706 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.76
3.1457	Nonpriority creditor's name and mailing address PATIENT 20707 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.60
3.1458	Nonpriority creditor's name and mailing address PATIENT 20708 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.25

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			Amount of claim
3.1459	Nonpriority creditor's name and mailing address PATIENT 20709 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.26
3.1460	Nonpriority creditor's name and mailing address PATIENT 2071 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.35
3.1461	Nonpriority creditor's name and mailing address PATIENT 20710 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.96
3.1462	Nonpriority creditor's name and mailing address PATIENT 20711 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.12
3.1463	Nonpriority creditor's name and mailing address PATIENT 20712 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.50

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			Amount of claim
3.1464	Nonpriority creditor's name and mailing address PATIENT 20713 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.50
3.1465	Nonpriority creditor's name and mailing address PATIENT 20714 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.92
3.1466	Nonpriority creditor's name and mailing address PATIENT 20715 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.28
3.1467	Nonpriority creditor's name and mailing address PATIENT 20716 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.00
3.1468	Nonpriority creditor's name and mailing address PATIENT 20717 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.75

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			Amount of claim
3.1469	Nonpriority creditor's name and mailing address PATIENT 20718 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1470	Nonpriority creditor's name and mailing address PATIENT 2072 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.20
3.1471	Nonpriority creditor's name and mailing address PATIENT 2073 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.09
3.1472	Nonpriority creditor's name and mailing address PATIENT 20743 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.30
3.1473	Nonpriority creditor's name and mailing address PATIENT 20744 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.05

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			Amount of claim
3.1474	Nonpriority creditor's name and mailing address PATIENT 20745 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1475	Nonpriority creditor's name and mailing address PATIENT 20746 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1476	Nonpriority creditor's name and mailing address PATIENT 20747 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.97
3.1477	Nonpriority creditor's name and mailing address PATIENT 20748 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.30
3.1478	Nonpriority creditor's name and mailing address PATIENT 20749 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.73

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			Amount of claim
3.1479	Nonpriority creditor's name and mailing address PATIENT 20750 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.24
3.1480	Nonpriority creditor's name and mailing address PATIENT 20751 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.38
3.1481	Nonpriority creditor's name and mailing address PATIENT 20752 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.94
3.1482	Nonpriority creditor's name and mailing address PATIENT 20753 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.93
3.1483	Nonpriority creditor's name and mailing address PATIENT 20754 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.49

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			Amount of claim
3.1484	Nonpriority creditor's name and mailing address PATIENT 20755 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.07
3.1485	Nonpriority creditor's name and mailing address PATIENT 20756 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.29
3.1486	Nonpriority creditor's name and mailing address PATIENT 20757 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.10
3.1487	Nonpriority creditor's name and mailing address PATIENT 20758 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.00
3.1488	Nonpriority creditor's name and mailing address PATIENT 20759 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00

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			Amount of claim
3.1489	Nonpriority creditor's name and mailing address PATIENT 2076 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
3.1490	Nonpriority creditor's name and mailing address PATIENT 20760 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.1491	Nonpriority creditor's name and mailing address PATIENT 20761 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.1492	Nonpriority creditor's name and mailing address PATIENT 20762 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.01
3.1493	Nonpriority creditor's name and mailing address PATIENT 20763 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.21

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			Amount of claim
3.1494	Nonpriority creditor's name and mailing address PATIENT 20764 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.87
3.1495	Nonpriority creditor's name and mailing address PATIENT 20765 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.59
3.1496	Nonpriority creditor's name and mailing address PATIENT 20766 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.13
3.1497	Nonpriority creditor's name and mailing address PATIENT 20767 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.77
3.1498	Nonpriority creditor's name and mailing address PATIENT 20768 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.60

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			Amount of claim
3.1499	Nonpriority creditor's name and mailing address PATIENT 20769 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1500	Nonpriority creditor's name and mailing address PATIENT 2077 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
3.1501	Nonpriority creditor's name and mailing address PATIENT 20770 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.12
3.1502	Nonpriority creditor's name and mailing address PATIENT 20771 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.1503	Nonpriority creditor's name and mailing address PATIENT 20772 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.14

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			Amount of claim
3.1504	Nonpriority creditor's name and mailing address PATIENT 20773 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1505	Nonpriority creditor's name and mailing address PATIENT 20774 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.59
3.1506	Nonpriority creditor's name and mailing address PATIENT 20775 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1507	Nonpriority creditor's name and mailing address PATIENT 20776 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.14
3.1508	Nonpriority creditor's name and mailing address PATIENT 20777 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.65

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			Amount of claim
3.1509	Nonpriority creditor's name and mailing address PATIENT 20778 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.92
3.1510	Nonpriority creditor's name and mailing address PATIENT 20778 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1511	Nonpriority creditor's name and mailing address PATIENT 2078 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
3.1512	Nonpriority creditor's name and mailing address PATIENT 20780 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.82
3.1513	Nonpriority creditor's name and mailing address PATIENT 20781 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00

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			Amount of claim
3.1514	Nonpriority creditor's name and mailing address PATIENT 20782 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1515	Nonpriority creditor's name and mailing address PATIENT 20783 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.00
3.1516	Nonpriority creditor's name and mailing address PATIENT 20784 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.79
3.1517	Nonpriority creditor's name and mailing address PATIENT 20785 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.44
3.1518	Nonpriority creditor's name and mailing address PATIENT 20786 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.93

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			Amount of claim
3.1519	Nonpriority creditor's name and mailing address PATIENT 20787 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.54
3.1520	Nonpriority creditor's name and mailing address PATIENT 20788 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.90
3.1521	Nonpriority creditor's name and mailing address PATIENT 20789 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.17
3.1522	Nonpriority creditor's name and mailing address PATIENT 2079 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
3.1523	Nonpriority creditor's name and mailing address PATIENT 20790 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.15

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			Amount of claim
3.1524	Nonpriority creditor's name and mailing address PATIENT 20791 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.15
3.1525	Nonpriority creditor's name and mailing address PATIENT 20792 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.80
3.1526	Nonpriority creditor's name and mailing address PATIENT 20793 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.49
3.1527	Nonpriority creditor's name and mailing address PATIENT 20794 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.32
3.1528	Nonpriority creditor's name and mailing address PATIENT 20795 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$346.00

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			Amount of claim
3.1529	Nonpriority creditor's name and mailing address PATIENT 20796 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.1530	Nonpriority creditor's name and mailing address PATIENT 20797 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.75
3.1531	Nonpriority creditor's name and mailing address PATIENT 20798 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1532	Nonpriority creditor's name and mailing address PATIENT 20799 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.1533	Nonpriority creditor's name and mailing address PATIENT 2080 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00

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			Amount of claim
3.1534	Nonpriority creditor's name and mailing address PATIENT 20800 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.07
3.1535	Nonpriority creditor's name and mailing address PATIENT 20801 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.16
3.1536	Nonpriority creditor's name and mailing address PATIENT 20802 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.32
3.1537	Nonpriority creditor's name and mailing address PATIENT 20803 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.79
3.1538	Nonpriority creditor's name and mailing address PATIENT 20804 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.33

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			Amount of claim
3.1539	Nonpriority creditor's name and mailing address PATIENT 20805 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.97
3.1540	Nonpriority creditor's name and mailing address PATIENT 20806 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.91
3.1541	Nonpriority creditor's name and mailing address PATIENT 20807 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.85
3.1542	Nonpriority creditor's name and mailing address PATIENT 20808 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.24
3.1543	Nonpriority creditor's name and mailing address PATIENT 20809 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00

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			Amount of claim
3.1544	Nonpriority creditor's name and mailing address PATIENT 2081 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.21
3.1545	Nonpriority creditor's name and mailing address PATIENT 20810 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.60
3.1546	Nonpriority creditor's name and mailing address PATIENT 20811 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.76
3.1547	Nonpriority creditor's name and mailing address PATIENT 20812 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33
3.1548	Nonpriority creditor's name and mailing address PATIENT 20813 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.28

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			Amount of claim
3.1549	Nonpriority creditor's name and mailing address PATIENT 20814 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.30
3.1550	Nonpriority creditor's name and mailing address PATIENT 20815 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1551	Nonpriority creditor's name and mailing address PATIENT 20816 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.22
3.1552	Nonpriority creditor's name and mailing address PATIENT 20817 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1553	Nonpriority creditor's name and mailing address PATIENT 20818 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.19

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			Amount of claim
3.1554	Nonpriority creditor's name and mailing address PATIENT 20819 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.68
3.1555	Nonpriority creditor's name and mailing address PATIENT 2082 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.92
3.1556	Nonpriority creditor's name and mailing address PATIENT 20820 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.59
3.1557	Nonpriority creditor's name and mailing address PATIENT 20821 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.1558	Nonpriority creditor's name and mailing address PATIENT 20822 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.83

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			Amount of claim
3.1559	Nonpriority creditor's name and mailing address PATIENT 20823 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.1560	Nonpriority creditor's name and mailing address PATIENT 20824 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.75
3.1561	Nonpriority creditor's name and mailing address PATIENT 20825 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.56
3.1562	Nonpriority creditor's name and mailing address PATIENT 20826 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.61
3.1563	Nonpriority creditor's name and mailing address PATIENT 20827 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1564	Nonpriority creditor's name and mailing address PATIENT 20828 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.26
3.1565	Nonpriority creditor's name and mailing address PATIENT 20829 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.28
3.1566	Nonpriority creditor's name and mailing address PATIENT 20830 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.24
3.1567	Nonpriority creditor's name and mailing address PATIENT 20831 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.52
3.1568	Nonpriority creditor's name and mailing address PATIENT 20832 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.60

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			Amount of claim
3.1569	Nonpriority creditor's name and mailing address PATIENT 20833 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.54
3.1570	Nonpriority creditor's name and mailing address PATIENT 20834 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.31
3.1571	Nonpriority creditor's name and mailing address PATIENT 20835 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.75
3.1572	Nonpriority creditor's name and mailing address PATIENT 20836 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.98
3.1573	Nonpriority creditor's name and mailing address PATIENT 20837 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.33

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			Amount of claim
3.1574	Nonpriority creditor's name and mailing address PATIENT 20838 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.14
3.1575	Nonpriority creditor's name and mailing address PATIENT 20839 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.93
3.1576	Nonpriority creditor's name and mailing address PATIENT 20840 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.11
3.1577	Nonpriority creditor's name and mailing address PATIENT 20841 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.00
3.1578	Nonpriority creditor's name and mailing address PATIENT 20842 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.00

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			Amount of claim
3.1579	Nonpriority creditor's name and mailing address PATIENT 20843 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.08
3.1580	Nonpriority creditor's name and mailing address PATIENT 20844 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.88
3.1581	Nonpriority creditor's name and mailing address PATIENT 20845 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.57
3.1582	Nonpriority creditor's name and mailing address PATIENT 20846 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1583	Nonpriority creditor's name and mailing address PATIENT 20847 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.12

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			Amount of claim
3.1584	Nonpriority creditor's name and mailing address PATIENT 20848 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.66
3.1585	Nonpriority creditor's name and mailing address PATIENT 20849 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.27
3.1586	Nonpriority creditor's name and mailing address PATIENT 20850 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.89
3.1587	Nonpriority creditor's name and mailing address PATIENT 20851 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.60
3.1588	Nonpriority creditor's name and mailing address PATIENT 20852 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.77

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			Amount of claim
3.1589	Nonpriority creditor's name and mailing address PATIENT 20853 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.1590	Nonpriority creditor's name and mailing address PATIENT 20854 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.50
3.1591	Nonpriority creditor's name and mailing address PATIENT 20855 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.99
3.1592	Nonpriority creditor's name and mailing address PATIENT 20856 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.1593	Nonpriority creditor's name and mailing address PATIENT 20857 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.60

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			Amount of claim
3.1594	Nonpriority creditor's name and mailing address PATIENT 20858 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.36
3.1595	Nonpriority creditor's name and mailing address PATIENT 20859 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.40
3.1596	Nonpriority creditor's name and mailing address PATIENT 20860 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.50
3.1597	Nonpriority creditor's name and mailing address PATIENT 20861 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326.55
3.1598	Nonpriority creditor's name and mailing address PATIENT 20862 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.60

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			Amount of claim
3.1599	Nonpriority creditor's name and mailing address PATIENT 20863 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.10
3.1600	Nonpriority creditor's name and mailing address PATIENT 20864 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.1601	Nonpriority creditor's name and mailing address PATIENT 20865 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.84
3.1602	Nonpriority creditor's name and mailing address PATIENT 20866 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.94
3.1603	Nonpriority creditor's name and mailing address PATIENT 20867 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.18

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			Amount of claim
3.1604	Nonpriority creditor's name and mailing address PATIENT 20868 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60
3.1605	Nonpriority creditor's name and mailing address PATIENT 20869 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1606	Nonpriority creditor's name and mailing address PATIENT 2087 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.05
3.1607	Nonpriority creditor's name and mailing address PATIENT 20870 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.47
3.1608	Nonpriority creditor's name and mailing address PATIENT 20871 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.27

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			Amount of claim
3.1609	Nonpriority creditor's name and mailing address PATIENT 20872 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.94
3.1610	Nonpriority creditor's name and mailing address PATIENT 20873 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.88
3.1611	Nonpriority creditor's name and mailing address PATIENT 20874 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.1612	Nonpriority creditor's name and mailing address PATIENT 20875 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.1613	Nonpriority creditor's name and mailing address PATIENT 20876 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.97

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			Amount of claim
3.1614	Nonpriority creditor's name and mailing address PATIENT 20877 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.00
3.1615	Nonpriority creditor's name and mailing address PATIENT 20878 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.61
3.1616	Nonpriority creditor's name and mailing address PATIENT 20879 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.02
3.1617	Nonpriority creditor's name and mailing address PATIENT 2088 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
3.1618	Nonpriority creditor's name and mailing address PATIENT 20880 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.99

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			Amount of claim
3.1619	Nonpriority creditor's name and mailing address PATIENT 20881 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.26
3.1620	Nonpriority creditor's name and mailing address PATIENT 20882 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.82
3.1621	Nonpriority creditor's name and mailing address PATIENT 20883 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.00
3.1622	Nonpriority creditor's name and mailing address PATIENT 20884 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.50
3.1623	Nonpriority creditor's name and mailing address PATIENT 20885 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.1624	Nonpriority creditor's name and mailing address PATIENT 20886 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.61
3.1625	Nonpriority creditor's name and mailing address PATIENT 20887 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.12
3.1626	Nonpriority creditor's name and mailing address PATIENT 20888 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.60
3.1627	Nonpriority creditor's name and mailing address PATIENT 20889 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.96
3.1628	Nonpriority creditor's name and mailing address PATIENT 20890 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.51

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			Amount of claim
3.1629	Nonpriority creditor's name and mailing address PATIENT 20891 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.37
3.1630	Nonpriority creditor's name and mailing address PATIENT 20892 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.90
3.1631	Nonpriority creditor's name and mailing address PATIENT 20893 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.50
3.1632	Nonpriority creditor's name and mailing address PATIENT 20894 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1633	Nonpriority creditor's name and mailing address PATIENT 20895 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.51

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			Amount of claim
3.1634	Nonpriority creditor's name and mailing address PATIENT 20896 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.31
3.1635	Nonpriority creditor's name and mailing address PATIENT 20897 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.97
3.1636	Nonpriority creditor's name and mailing address PATIENT 20898 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.40
3.1637	Nonpriority creditor's name and mailing address PATIENT 20899 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.42
3.1638	Nonpriority creditor's name and mailing address PATIENT 20900 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.00

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			Amount of claim
3.1639	Nonpriority creditor's name and mailing address PATIENT 20901 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.63
3.1640	Nonpriority creditor's name and mailing address PATIENT 20902 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.12
3.1641	Nonpriority creditor's name and mailing address PATIENT 20903 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.10
3.1642	Nonpriority creditor's name and mailing address PATIENT 20904 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.00
3.1643	Nonpriority creditor's name and mailing address PATIENT 20905 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00

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			Amount of claim
3.1644	Nonpriority creditor's name and mailing address PATIENT 20906 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.25
3.1645	Nonpriority creditor's name and mailing address PATIENT 20907 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$273.71
3.1646	Nonpriority creditor's name and mailing address PATIENT 20908 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.1647	Nonpriority creditor's name and mailing address PATIENT 20909 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.1648	Nonpriority creditor's name and mailing address PATIENT 20910 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.03

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			Amount of claim
3.1649	Nonpriority creditor's name and mailing address PATIENT 20911 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.1650	Nonpriority creditor's name and mailing address PATIENT 20912 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.83
3.1651	Nonpriority creditor's name and mailing address PATIENT 20913 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
3.1652	Nonpriority creditor's name and mailing address PATIENT 20914 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.31
3.1653	Nonpriority creditor's name and mailing address PATIENT 20915 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33

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			Amount of claim
3.1654	Nonpriority creditor's name and mailing address PATIENT 20916 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.70
3.1655	Nonpriority creditor's name and mailing address PATIENT 20917 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.14
3.1656	Nonpriority creditor's name and mailing address PATIENT 20918 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.38
3.1657	Nonpriority creditor's name and mailing address PATIENT 20919 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.93
3.1658	Nonpriority creditor's name and mailing address PATIENT 2092 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.84

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			Amount of claim
3.1659	Nonpriority creditor's name and mailing address PATIENT 20920 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.69
3.1660	Nonpriority creditor's name and mailing address PATIENT 20921 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.14
3.1661	Nonpriority creditor's name and mailing address PATIENT 20922 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.72
3.1662	Nonpriority creditor's name and mailing address PATIENT 20923 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.68
3.1663	Nonpriority creditor's name and mailing address PATIENT 20924 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.13

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			Amount of claim
3.1664	Nonpriority creditor's name and mailing address PATIENT 20925 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.63
3.1665	Nonpriority creditor's name and mailing address PATIENT 20926 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.44
3.1666	Nonpriority creditor's name and mailing address PATIENT 20927 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.11
3.1667	Nonpriority creditor's name and mailing address PATIENT 20928 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.97
3.1668	Nonpriority creditor's name and mailing address PATIENT 20929 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.82

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			Amount of claim
3.1669	Nonpriority creditor's name and mailing address PATIENT 20930 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.43
3.1670	Nonpriority creditor's name and mailing address PATIENT 20931 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1671	Nonpriority creditor's name and mailing address PATIENT 20932 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1672	Nonpriority creditor's name and mailing address PATIENT 20933 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.87
3.1673	Nonpriority creditor's name and mailing address PATIENT 20934 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.84

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			Amount of claim
3.1674	Nonpriority creditor's name and mailing address PATIENT 20935 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.92
3.1675	Nonpriority creditor's name and mailing address PATIENT 20936 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.18
3.1676	Nonpriority creditor's name and mailing address PATIENT 20937 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.11
3.1677	Nonpriority creditor's name and mailing address PATIENT 20938 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.72
3.1678	Nonpriority creditor's name and mailing address PATIENT 20939 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.21

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			Amount of claim
3.1679	Nonpriority creditor's name and mailing address PATIENT 2094 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.62
3.1680	Nonpriority creditor's name and mailing address PATIENT 20940 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.53
3.1681	Nonpriority creditor's name and mailing address PATIENT 20941 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.46
3.1682	Nonpriority creditor's name and mailing address PATIENT 20942 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.69
3.1683	Nonpriority creditor's name and mailing address PATIENT 20943 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.89

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			Amount of claim
3.1684	Nonpriority creditor's name and mailing address PATIENT 20944 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.93
3.1685	Nonpriority creditor's name and mailing address PATIENT 20945 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1686	Nonpriority creditor's name and mailing address PATIENT 20946 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
3.1687	Nonpriority creditor's name and mailing address PATIENT 20947 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.15
3.1688	Nonpriority creditor's name and mailing address PATIENT 20948 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.54

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			Amount of claim
3.1689	Nonpriority creditor's name and mailing address PATIENT 20949 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.57
3.1690	Nonpriority creditor's name and mailing address PATIENT 2095 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.50
3.1691	Nonpriority creditor's name and mailing address PATIENT 20950 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.43
3.1692	Nonpriority creditor's name and mailing address PATIENT 20951 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.60
3.1693	Nonpriority creditor's name and mailing address PATIENT 20952 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.60

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			Amount of claim
3.1694	Nonpriority creditor's name and mailing address PATIENT 20953 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.88
3.1695	Nonpriority creditor's name and mailing address PATIENT 20954 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.88
3.1696	Nonpriority creditor's name and mailing address PATIENT 20955 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.01
3.1697	Nonpriority creditor's name and mailing address PATIENT 20956 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1698	Nonpriority creditor's name and mailing address PATIENT 20957 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.78

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			Amount of claim
3.1699	Nonpriority creditor's name and mailing address PATIENT 20958 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.90
3.1700	Nonpriority creditor's name and mailing address PATIENT 20959 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.94
3.1701	Nonpriority creditor's name and mailing address PATIENT 20960 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.46
3.1702	Nonpriority creditor's name and mailing address PATIENT 20961 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$239.40
3.1703	Nonpriority creditor's name and mailing address PATIENT 20962 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.65

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			Amount of claim
3.1704	Nonpriority creditor's name and mailing address PATIENT 20963 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.24
3.1705	Nonpriority creditor's name and mailing address PATIENT 20964 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.95
3.1706	Nonpriority creditor's name and mailing address PATIENT 20965 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.62
3.1707	Nonpriority creditor's name and mailing address PATIENT 20966 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.89
3.1708	Nonpriority creditor's name and mailing address PATIENT 20967 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.75

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			Amount of claim
3.1709	Nonpriority creditor's name and mailing address PATIENT 20968 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.40
3.1710	Nonpriority creditor's name and mailing address PATIENT 20969 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.05
3.1711	Nonpriority creditor's name and mailing address PATIENT 20970 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.90
3.1712	Nonpriority creditor's name and mailing address PATIENT 20971 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.1713	Nonpriority creditor's name and mailing address PATIENT 20972 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.94

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			Amount of claim
3.1714	Nonpriority creditor's name and mailing address PATIENT 20973 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.12
3.1715	Nonpriority creditor's name and mailing address PATIENT 20974 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.1716	Nonpriority creditor's name and mailing address PATIENT 20975 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.50
3.1717	Nonpriority creditor's name and mailing address PATIENT 20976 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.31
3.1718	Nonpriority creditor's name and mailing address PATIENT 20977 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.1719	Nonpriority creditor's name and mailing address PATIENT 20978 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.89
3.1720	Nonpriority creditor's name and mailing address PATIENT 20979 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.85
3.1721	Nonpriority creditor's name and mailing address PATIENT 2098 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.24
3.1722	Nonpriority creditor's name and mailing address PATIENT 20980 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.50
3.1723	Nonpriority creditor's name and mailing address PATIENT 20981 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.47

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			Amount of claim
3.1724	Nonpriority creditor's name and mailing address PATIENT 20982 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.00
3.1725	Nonpriority creditor's name and mailing address PATIENT 20983 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.84
3.1726	Nonpriority creditor's name and mailing address PATIENT 20984 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.66
3.1727	Nonpriority creditor's name and mailing address PATIENT 20985 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.45
3.1728	Nonpriority creditor's name and mailing address PATIENT 20986 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.63

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			Amount of claim
3.1729	Nonpriority creditor's name and mailing address PATIENT 20987 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.00
3.1730	Nonpriority creditor's name and mailing address PATIENT 20988 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.17
3.1731	Nonpriority creditor's name and mailing address PATIENT 20989 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.94
3.1732	Nonpriority creditor's name and mailing address PATIENT 2099 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.14
3.1733	Nonpriority creditor's name and mailing address PATIENT 20990 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.94

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			Amount of claim
3.1734	Nonpriority creditor's name and mailing address PATIENT 20991 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.24
3.1735	Nonpriority creditor's name and mailing address PATIENT 20992 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.99
3.1736	Nonpriority creditor's name and mailing address PATIENT 20993 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.67
3.1737	Nonpriority creditor's name and mailing address PATIENT 20994 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1738	Nonpriority creditor's name and mailing address PATIENT 20995 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.58

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			Amount of claim
3.1739	Nonpriority creditor's name and mailing address PATIENT 20996 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.67
3.1740	Nonpriority creditor's name and mailing address PATIENT 20997 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.81
3.1741	Nonpriority creditor's name and mailing address PATIENT 20998 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.02
3.1742	Nonpriority creditor's name and mailing address PATIENT 20999 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.54
3.1743	Nonpriority creditor's name and mailing address PATIENT 21000 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.47

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			Amount of claim
3.1744	Nonpriority creditor's name and mailing address PATIENT 21001 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.60
3.1745	Nonpriority creditor's name and mailing address PATIENT 21002 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.26
3.1746	Nonpriority creditor's name and mailing address PATIENT 21003 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.64
3.1747	Nonpriority creditor's name and mailing address PATIENT 21004 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.63
3.1748	Nonpriority creditor's name and mailing address PATIENT 21005 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.65

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			Amount of claim
3.1749	Nonpriority creditor's name and mailing address PATIENT 21006 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.25
3.1750	Nonpriority creditor's name and mailing address PATIENT 21007 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.48
3.1751	Nonpriority creditor's name and mailing address PATIENT 21008 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.43
3.1752	Nonpriority creditor's name and mailing address PATIENT 21009 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.60
3.1753	Nonpriority creditor's name and mailing address PATIENT 2101 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.89

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			Amount of claim
3.1754	Nonpriority creditor's name and mailing address PATIENT 21010 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.56
3.1755	Nonpriority creditor's name and mailing address PATIENT 21011 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.84
3.1756	Nonpriority creditor's name and mailing address PATIENT 21012 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.51
3.1757	Nonpriority creditor's name and mailing address PATIENT 21013 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.00
3.1758	Nonpriority creditor's name and mailing address PATIENT 21014 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.75

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			Amount of claim
3.1759	Nonpriority creditor's name and mailing address PATIENT 21015 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.57
3.1760	Nonpriority creditor's name and mailing address PATIENT 21016 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.10
3.1761	Nonpriority creditor's name and mailing address PATIENT 21017 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.53
3.1762	Nonpriority creditor's name and mailing address PATIENT 21018 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.89
3.1763	Nonpriority creditor's name and mailing address PATIENT 21019 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.60

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			Amount of claim
3.1764	Nonpriority creditor's name and mailing address PATIENT 2102 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.76
3.1765	Nonpriority creditor's name and mailing address PATIENT 21020 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.43
3.1766	Nonpriority creditor's name and mailing address PATIENT 21021 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.54
3.1767	Nonpriority creditor's name and mailing address PATIENT 21022 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.99
3.1768	Nonpriority creditor's name and mailing address PATIENT 21023 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.23

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			Amount of claim
3.1769	Nonpriority creditor's name and mailing address PATIENT 21024 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.62
3.1770	Nonpriority creditor's name and mailing address PATIENT 21025 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.05
3.1771	Nonpriority creditor's name and mailing address PATIENT 21026 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.69
3.1772	Nonpriority creditor's name and mailing address PATIENT 21027 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.75
3.1773	Nonpriority creditor's name and mailing address PATIENT 21028 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.47

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			Amount of claim
3.1774	Nonpriority creditor's name and mailing address PATIENT 21029 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.61
3.1775	Nonpriority creditor's name and mailing address PATIENT 21030 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.1776	Nonpriority creditor's name and mailing address PATIENT 21031 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.88
3.1777	Nonpriority creditor's name and mailing address PATIENT 21032 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.56
3.1778	Nonpriority creditor's name and mailing address PATIENT 21033 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.09

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			Amount of claim
3.1779	Nonpriority creditor's name and mailing address PATIENT 21034 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.28
3.1780	Nonpriority creditor's name and mailing address PATIENT 21035 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
3.1781	Nonpriority creditor's name and mailing address PATIENT 21036 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.22
3.1782	Nonpriority creditor's name and mailing address PATIENT 21037 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.59
3.1783	Nonpriority creditor's name and mailing address PATIENT 21038 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.46

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			Amount of claim
3.1784	Nonpriority creditor's name and mailing address PATIENT 21039 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.09
3.1785	Nonpriority creditor's name and mailing address PATIENT 2104 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.62
3.1786	Nonpriority creditor's name and mailing address PATIENT 21040 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.85
3.1787	Nonpriority creditor's name and mailing address PATIENT 21041 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.1788	Nonpriority creditor's name and mailing address PATIENT 21042 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33

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			Amount of claim
3.1789	Nonpriority creditor's name and mailing address PATIENT 21043 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.07
3.1790	Nonpriority creditor's name and mailing address PATIENT 21044 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.25
3.1791	Nonpriority creditor's name and mailing address PATIENT 21045 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.77
3.1792	Nonpriority creditor's name and mailing address PATIENT 21046 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.55
3.1793	Nonpriority creditor's name and mailing address PATIENT 21047 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01

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			Amount of claim
3.1794	Nonpriority creditor's name and mailing address PATIENT 21048 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.85
3.1795	Nonpriority creditor's name and mailing address PATIENT 21049 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1796	Nonpriority creditor's name and mailing address PATIENT 2105 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.58
3.1797	Nonpriority creditor's name and mailing address PATIENT 21050 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.30
3.1798	Nonpriority creditor's name and mailing address PATIENT 21051 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.98

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			Amount of claim
3.1799	Nonpriority creditor's name and mailing address PATIENT 21052 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.59
3.1800	Nonpriority creditor's name and mailing address PATIENT 21053 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.1801	Nonpriority creditor's name and mailing address PATIENT 21054 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.40
3.1802	Nonpriority creditor's name and mailing address PATIENT 21055 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.59
3.1803	Nonpriority creditor's name and mailing address PATIENT 21056 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.73

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			Amount of claim
3.1804	Nonpriority creditor's name and mailing address PATIENT 21057 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.25
3.1805	Nonpriority creditor's name and mailing address PATIENT 21058 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.74
3.1806	Nonpriority creditor's name and mailing address PATIENT 21059 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.00
3.1807	Nonpriority creditor's name and mailing address PATIENT 2106 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.54
3.1808	Nonpriority creditor's name and mailing address PATIENT 21060 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.73

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			Amount of claim
3.1809	Nonpriority creditor's name and mailing address PATIENT 21061 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.84
3.1810	Nonpriority creditor's name and mailing address PATIENT 21062 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.10
3.1811	Nonpriority creditor's name and mailing address PATIENT 21063 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.49
3.1812	Nonpriority creditor's name and mailing address PATIENT 21064 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.90
3.1813	Nonpriority creditor's name and mailing address PATIENT 21065 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.48

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			Amount of claim
3.1814	Nonpriority creditor's name and mailing address PATIENT 21066 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.57
3.1815	Nonpriority creditor's name and mailing address PATIENT 21067 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.1816	Nonpriority creditor's name and mailing address PATIENT 21068 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.36
3.1817	Nonpriority creditor's name and mailing address PATIENT 21069 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.1818	Nonpriority creditor's name and mailing address PATIENT 2107 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.53

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			Amount of claim
3.1819	Nonpriority creditor's name and mailing address PATIENT 21070 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.18
3.1820	Nonpriority creditor's name and mailing address PATIENT 21071 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.44
3.1821	Nonpriority creditor's name and mailing address PATIENT 2108 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.50
3.1822	Nonpriority creditor's name and mailing address PATIENT 2109 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.45
3.1823	Nonpriority creditor's name and mailing address PATIENT 2111 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.24

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			Amount of claim
3.1824	Nonpriority creditor's name and mailing address PATIENT 2113 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.03
3.1825	Nonpriority creditor's name and mailing address PATIENT 2135 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1826	Nonpriority creditor's name and mailing address PATIENT 2136 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1827	Nonpriority creditor's name and mailing address PATIENT 2137 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1828	Nonpriority creditor's name and mailing address PATIENT 2138 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1829	Nonpriority creditor's name and mailing address PATIENT 2139 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1830	Nonpriority creditor's name and mailing address PATIENT 2140 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1831	Nonpriority creditor's name and mailing address PATIENT 2141 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1832	Nonpriority creditor's name and mailing address PATIENT 2142 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1833	Nonpriority creditor's name and mailing address PATIENT 2143 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1834	Nonpriority creditor's name and mailing address PATIENT 2144 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1835	Nonpriority creditor's name and mailing address PATIENT 2145 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1836	Nonpriority creditor's name and mailing address PATIENT 2146 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1837	Nonpriority creditor's name and mailing address PATIENT 2147 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1838	Nonpriority creditor's name and mailing address PATIENT 2148 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1839	Nonpriority creditor's name and mailing address PATIENT 2149 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1840	Nonpriority creditor's name and mailing address PATIENT 2150 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1841	Nonpriority creditor's name and mailing address PATIENT 2151 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1842	Nonpriority creditor's name and mailing address PATIENT 2152 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1843	Nonpriority creditor's name and mailing address PATIENT 2153 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1844	Nonpriority creditor's name and mailing address PATIENT 2154 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1845	Nonpriority creditor's name and mailing address PATIENT 2155 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1846	Nonpriority creditor's name and mailing address PATIENT 2156 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1847	Nonpriority creditor's name and mailing address PATIENT 2157 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1848	Nonpriority creditor's name and mailing address PATIENT 2158 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1849	Nonpriority creditor's name and mailing address PATIENT 2159 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1850	Nonpriority creditor's name and mailing address PATIENT 2160 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1851	Nonpriority creditor's name and mailing address PATIENT 2161 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1852	Nonpriority creditor's name and mailing address PATIENT 2162 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1853	Nonpriority creditor's name and mailing address PATIENT 2163 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1854	Nonpriority creditor's name and mailing address PATIENT 2164 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1855	Nonpriority creditor's name and mailing address PATIENT 2165 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1856	Nonpriority creditor's name and mailing address PATIENT 2166 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1857	Nonpriority creditor's name and mailing address PATIENT 2167 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1858	Nonpriority creditor's name and mailing address PATIENT 2168 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1859	Nonpriority creditor's name and mailing address PATIENT 2169 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.1860	Nonpriority creditor's name and mailing address PATIENT 2170 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1861	Nonpriority creditor's name and mailing address PATIENT 2171 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1862	Nonpriority creditor's name and mailing address PATIENT 2172 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.1863	Nonpriority creditor's name and mailing address PATIENT 2173 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.1864	Nonpriority creditor's name and mailing address PATIENT 2177 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.99
3.1865	Nonpriority creditor's name and mailing address PATIENT 2182 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.65
3.1866	Nonpriority creditor's name and mailing address PATIENT 2183 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.64
3.1867	Nonpriority creditor's name and mailing address PATIENT 2184 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.40
3.1868	Nonpriority creditor's name and mailing address PATIENT 2187 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.32

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			Amount of claim
3.1869	Nonpriority creditor's name and mailing address PATIENT 2188 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.11
3.1870	Nonpriority creditor's name and mailing address PATIENT 2190 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.86
3.1871	Nonpriority creditor's name and mailing address PATIENT 2191 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.72
3.1872	Nonpriority creditor's name and mailing address PATIENT 2192 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.60
3.1873	Nonpriority creditor's name and mailing address PATIENT 2194 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.17

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			Amount of claim
3.1874	Nonpriority creditor's name and mailing address PATIENT 2195 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.12
3.1875	Nonpriority creditor's name and mailing address PATIENT 2196 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.08
3.1876	Nonpriority creditor's name and mailing address PATIENT 2198 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.83
3.1877	Nonpriority creditor's name and mailing address PATIENT 2200 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.62
3.1878	Nonpriority creditor's name and mailing address PATIENT 2201 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.61

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			Amount of claim
3.1879	Nonpriority creditor's name and mailing address PATIENT 2220 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.43
3.1880	Nonpriority creditor's name and mailing address PATIENT 2222 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.15
3.1881	Nonpriority creditor's name and mailing address PATIENT 2225 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.80
3.1882	Nonpriority creditor's name and mailing address PATIENT 2226 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.70
3.1883	Nonpriority creditor's name and mailing address PATIENT 2227 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.59

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			Amount of claim
3.1884	Nonpriority creditor's name and mailing address PATIENT 2228 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.55
3.1885	Nonpriority creditor's name and mailing address PATIENT 2229 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.52
3.1886	Nonpriority creditor's name and mailing address PATIENT 2237 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.37
3.1887	Nonpriority creditor's name and mailing address PATIENT 2242 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.08
3.1888	Nonpriority creditor's name and mailing address PATIENT 2243 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.08

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			Amount of claim
3.1889	Nonpriority creditor's name and mailing address PATIENT 2244 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.08
3.1890	Nonpriority creditor's name and mailing address PATIENT 2245 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.08
3.1891	Nonpriority creditor's name and mailing address PATIENT 2246 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.08
3.1892	Nonpriority creditor's name and mailing address PATIENT 2247 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.08
3.1893	Nonpriority creditor's name and mailing address PATIENT 2249 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.05

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			Amount of claim
3.1894	Nonpriority creditor's name and mailing address PATIENT 2251 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.92
3.1895	Nonpriority creditor's name and mailing address PATIENT 2253 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.68
3.1896	Nonpriority creditor's name and mailing address PATIENT 2263 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1897	Nonpriority creditor's name and mailing address PATIENT 2264 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1898	Nonpriority creditor's name and mailing address PATIENT 2265 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00

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			Amount of claim
3.1899	Nonpriority creditor's name and mailing address PATIENT 2266 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.1900	Nonpriority creditor's name and mailing address PATIENT 2267 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1901	Nonpriority creditor's name and mailing address PATIENT 2268 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1902	Nonpriority creditor's name and mailing address PATIENT 2269 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1903	Nonpriority creditor's name and mailing address PATIENT 227 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,113.58

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			Amount of claim
3.1904	Nonpriority creditor's name and mailing address PATIENT 2270 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1905	Nonpriority creditor's name and mailing address PATIENT 2271 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1906	Nonpriority creditor's name and mailing address PATIENT 2272 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1907	Nonpriority creditor's name and mailing address PATIENT 2273 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.1908	Nonpriority creditor's name and mailing address PATIENT 2274 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00

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			Amount of claim
3.1909	Nonpriority creditor's name and mailing address PATIENT 2276 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.78
3.1910	Nonpriority creditor's name and mailing address PATIENT 2282 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.32
3.1911	Nonpriority creditor's name and mailing address PATIENT 2287 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.01
3.1912	Nonpriority creditor's name and mailing address PATIENT 2289 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
3.1913	Nonpriority creditor's name and mailing address PATIENT 2290 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00

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			Amount of claim
3.1914	Nonpriority creditor's name and mailing address PATIENT 2291 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
3.1915	Nonpriority creditor's name and mailing address PATIENT 2292 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
3.1916	Nonpriority creditor's name and mailing address PATIENT 2293 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.96
3.1917	Nonpriority creditor's name and mailing address PATIENT 2294 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.94
3.1918	Nonpriority creditor's name and mailing address PATIENT 2297 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.83

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			Amount of claim
3.1919	Nonpriority creditor's name and mailing address PATIENT 2298 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.69
3.1920	Nonpriority creditor's name and mailing address PATIENT 2299 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.57
3.1921	Nonpriority creditor's name and mailing address PATIENT 2300 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.57
3.1922	Nonpriority creditor's name and mailing address PATIENT 2301 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.42
3.1923	Nonpriority creditor's name and mailing address PATIENT 2303 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.23

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			Amount of claim
3.1924	Nonpriority creditor's name and mailing address PATIENT 2305 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.10
3.1925	Nonpriority creditor's name and mailing address PATIENT 2306 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1926	Nonpriority creditor's name and mailing address PATIENT 2307 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1927	Nonpriority creditor's name and mailing address PATIENT 2308 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1928	Nonpriority creditor's name and mailing address PATIENT 2309 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00

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			Amount of claim
3.1929	Nonpriority creditor's name and mailing address PATIENT 2310 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1930	Nonpriority creditor's name and mailing address PATIENT 2311 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1931	Nonpriority creditor's name and mailing address PATIENT 2312 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1932	Nonpriority creditor's name and mailing address PATIENT 2313 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1933	Nonpriority creditor's name and mailing address PATIENT 2314 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00

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			Amount of claim
3.1934	Nonpriority creditor's name and mailing address PATIENT 2315 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1935	Nonpriority creditor's name and mailing address PATIENT 2316 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1936	Nonpriority creditor's name and mailing address PATIENT 2317 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1937	Nonpriority creditor's name and mailing address PATIENT 2318 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
3.1938	Nonpriority creditor's name and mailing address PATIENT 2319 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00

Part 2: Additional Page

			Amount of claim
3.1939	Nonpriority creditor's name and mailing address PATIENT 2324 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.75
3.1940	Nonpriority creditor's name and mailing address PATIENT 2325 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.75
3.1941	Nonpriority creditor's name and mailing address PATIENT 2326 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.73
3.1942	Nonpriority creditor's name and mailing address PATIENT 2333 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.56
3.1943	Nonpriority creditor's name and mailing address PATIENT 2334 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.45

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			Amount of claim
3.1944	Nonpriority creditor's name and mailing address PATIENT 2335 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.37
3.1945	Nonpriority creditor's name and mailing address PATIENT 2336 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.34
3.1946	Nonpriority creditor's name and mailing address PATIENT 2338 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.12
3.1947	Nonpriority creditor's name and mailing address PATIENT 2339 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.87
3.1948	Nonpriority creditor's name and mailing address PATIENT 2350 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.87

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			Amount of claim
3.1949	Nonpriority creditor's name and mailing address PATIENT 2351 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.74
3.1950	Nonpriority creditor's name and mailing address PATIENT 2354 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.60
3.1951	Nonpriority creditor's name and mailing address PATIENT 2356 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.36
3.1952	Nonpriority creditor's name and mailing address PATIENT 2357 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.34
3.1953	Nonpriority creditor's name and mailing address PATIENT 2358 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.31

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			Amount of claim
3.1954	Nonpriority creditor's name and mailing address PATIENT 2359 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.24
3.1955	Nonpriority creditor's name and mailing address PATIENT 2360 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
3.1956	Nonpriority creditor's name and mailing address PATIENT 2364 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.56
3.1957	Nonpriority creditor's name and mailing address PATIENT 2365 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.46
3.1958	Nonpriority creditor's name and mailing address PATIENT 2366 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.25

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			Amount of claim
3.1959	Nonpriority creditor's name and mailing address PATIENT 2367 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.22
3.1960	Nonpriority creditor's name and mailing address PATIENT 2376 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1961	Nonpriority creditor's name and mailing address PATIENT 2377 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1962	Nonpriority creditor's name and mailing address PATIENT 2378 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1963	Nonpriority creditor's name and mailing address PATIENT 2379 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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			Amount of claim
3.1964	Nonpriority creditor's name and mailing address PATIENT 2380 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1965	Nonpriority creditor's name and mailing address PATIENT 2381 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1966	Nonpriority creditor's name and mailing address PATIENT 2382 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1967	Nonpriority creditor's name and mailing address PATIENT 2384 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1968	Nonpriority creditor's name and mailing address PATIENT 2385 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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			Amount of claim
3.1969	Nonpriority creditor's name and mailing address PATIENT 2386 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1970	Nonpriority creditor's name and mailing address PATIENT 2387 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1971	Nonpriority creditor's name and mailing address PATIENT 2388 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1972	Nonpriority creditor's name and mailing address PATIENT 2389 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1973	Nonpriority creditor's name and mailing address PATIENT 2390 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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			Amount of claim
3.1974	Nonpriority creditor's name and mailing address PATIENT 2391 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1975	Nonpriority creditor's name and mailing address PATIENT 2392 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1976	Nonpriority creditor's name and mailing address PATIENT 2393 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1977	Nonpriority creditor's name and mailing address PATIENT 2395 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1978	Nonpriority creditor's name and mailing address PATIENT 2396 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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			Amount of claim
3.1979	Nonpriority creditor's name and mailing address PATIENT 2397 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1980	Nonpriority creditor's name and mailing address PATIENT 2398 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1981	Nonpriority creditor's name and mailing address PATIENT 2399 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1982	Nonpriority creditor's name and mailing address PATIENT 2401 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1983	Nonpriority creditor's name and mailing address PATIENT 2402 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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			Amount of claim
3.1984	Nonpriority creditor's name and mailing address PATIENT 2403 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1985	Nonpriority creditor's name and mailing address PATIENT 2404 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1986	Nonpriority creditor's name and mailing address PATIENT 2405 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.1987	Nonpriority creditor's name and mailing address PATIENT 2406 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1988	Nonpriority creditor's name and mailing address PATIENT 2407 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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			Amount of claim
3.1989	Nonpriority creditor's name and mailing address PATIENT 2408 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1990	Nonpriority creditor's name and mailing address PATIENT 2409 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1991	Nonpriority creditor's name and mailing address PATIENT 2410 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1992	Nonpriority creditor's name and mailing address PATIENT 2411 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1993	Nonpriority creditor's name and mailing address PATIENT 2412 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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			Amount of claim
3.1994	Nonpriority creditor's name and mailing address PATIENT 2413 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1995	Nonpriority creditor's name and mailing address PATIENT 2414 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1996	Nonpriority creditor's name and mailing address PATIENT 2415 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1997	Nonpriority creditor's name and mailing address PATIENT 2416 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.1998	Nonpriority creditor's name and mailing address PATIENT 2417 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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			Amount of claim
3.1999	Nonpriority creditor's name and mailing address PATIENT 2418 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.2000	Nonpriority creditor's name and mailing address PATIENT 2419 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.2001	Nonpriority creditor's name and mailing address PATIENT 2420 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.2002	Nonpriority creditor's name and mailing address PATIENT 2421 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.2003	Nonpriority creditor's name and mailing address PATIENT 2422 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

Part 2: Additional Page

			Amount of claim
3.2004	Nonpriority creditor's name and mailing address PATIENT 2423 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.2005	Nonpriority creditor's name and mailing address PATIENT 2424 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.2006	Nonpriority creditor's name and mailing address PATIENT 2425 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.2007	Nonpriority creditor's name and mailing address PATIENT 2428 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.99
3.2008	Nonpriority creditor's name and mailing address PATIENT 2429 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.99

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			Amount of claim
3.2009	Nonpriority creditor's name and mailing address PATIENT 2430 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.93
3.2010	Nonpriority creditor's name and mailing address PATIENT 2431 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.85
3.2011	Nonpriority creditor's name and mailing address PATIENT 2432 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.70
3.2012	Nonpriority creditor's name and mailing address PATIENT 2436 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.42
3.2013	Nonpriority creditor's name and mailing address PATIENT 2438 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.29

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			Amount of claim
3.2014	Nonpriority creditor's name and mailing address PATIENT 2444 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.81
3.2015	Nonpriority creditor's name and mailing address PATIENT 2445 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.66
3.2016	Nonpriority creditor's name and mailing address PATIENT 2471 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
3.2017	Nonpriority creditor's name and mailing address PATIENT 2472 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
3.2018	Nonpriority creditor's name and mailing address PATIENT 2477 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.75

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			Amount of claim
3.2019	Nonpriority creditor's name and mailing address PATIENT 2478 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.64
3.2020	Nonpriority creditor's name and mailing address PATIENT 2479 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.58
3.2021	Nonpriority creditor's name and mailing address PATIENT 2481 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.46
3.2022	Nonpriority creditor's name and mailing address PATIENT 2482 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.45
3.2023	Nonpriority creditor's name and mailing address PATIENT 2483 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.91

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			Amount of claim
3.2024	Nonpriority creditor's name and mailing address PATIENT 2484 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.32
3.2025	Nonpriority creditor's name and mailing address PATIENT 2485 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.28
3.2026	Nonpriority creditor's name and mailing address PATIENT 2486 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.26
3.2027	Nonpriority creditor's name and mailing address PATIENT 2491 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
3.2028	Nonpriority creditor's name and mailing address PATIENT 2492 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.91

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			Amount of claim
3.2029	Nonpriority creditor's name and mailing address PATIENT 2496 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.66
3.2030	Nonpriority creditor's name and mailing address PATIENT 2497 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.66
3.2031	Nonpriority creditor's name and mailing address PATIENT 2499 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.55
3.2032	Nonpriority creditor's name and mailing address PATIENT 25000 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.2033	Nonpriority creditor's name and mailing address PATIENT 25001 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00

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			Amount of claim
3.2034	Nonpriority creditor's name and mailing address PATIENT 25002 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.2035	Nonpriority creditor's name and mailing address PATIENT 2501 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.35
3.2036	Nonpriority creditor's name and mailing address PATIENT 2503 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.26
3.2037	Nonpriority creditor's name and mailing address PATIENT 2505 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.98
3.2038	Nonpriority creditor's name and mailing address PATIENT 2509 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.94

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			Amount of claim
3.2039	Nonpriority creditor's name and mailing address PATIENT 2510 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.94
3.2040	Nonpriority creditor's name and mailing address PATIENT 2513 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.77
3.2041	Nonpriority creditor's name and mailing address PATIENT 2514 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.66
3.2042	Nonpriority creditor's name and mailing address PATIENT 2515 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.62
3.2043	Nonpriority creditor's name and mailing address PATIENT 2526 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.16

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			Amount of claim
3.2044	Nonpriority creditor's name and mailing address PATIENT 2532 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2045	Nonpriority creditor's name and mailing address PATIENT 2533 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2046	Nonpriority creditor's name and mailing address PATIENT 2534 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2047	Nonpriority creditor's name and mailing address PATIENT 2535 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2048	Nonpriority creditor's name and mailing address PATIENT 2536 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00

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			Amount of claim
3.2049	Nonpriority creditor's name and mailing address PATIENT 2537 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2050	Nonpriority creditor's name and mailing address PATIENT 2538 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2051	Nonpriority creditor's name and mailing address PATIENT 2539 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2052	Nonpriority creditor's name and mailing address PATIENT 2540 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2053	Nonpriority creditor's name and mailing address PATIENT 2541 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00

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			Amount of claim
3.2054	Nonpriority creditor's name and mailing address PATIENT 2542 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2055	Nonpriority creditor's name and mailing address PATIENT 2543 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2056	Nonpriority creditor's name and mailing address PATIENT 2544 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2057	Nonpriority creditor's name and mailing address PATIENT 2545 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2058	Nonpriority creditor's name and mailing address PATIENT 2546 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00

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			Amount of claim
3.2059	Nonpriority creditor's name and mailing address PATIENT 2547 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2060	Nonpriority creditor's name and mailing address PATIENT 2548 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2061	Nonpriority creditor's name and mailing address PATIENT 2549 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2062	Nonpriority creditor's name and mailing address PATIENT 2550 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2063	Nonpriority creditor's name and mailing address PATIENT 2551 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00

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			Amount of claim
3.2064	Nonpriority creditor's name and mailing address PATIENT 2552 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2065	Nonpriority creditor's name and mailing address PATIENT 2553 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.2066	Nonpriority creditor's name and mailing address PATIENT 2555 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2067	Nonpriority creditor's name and mailing address PATIENT 2556 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2068	Nonpriority creditor's name and mailing address PATIENT 2557 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00

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			Amount of claim
3.2069	Nonpriority creditor's name and mailing address PATIENT 2558 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2070	Nonpriority creditor's name and mailing address PATIENT 2559 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.88
3.2071	Nonpriority creditor's name and mailing address PATIENT 2560 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.88
3.2072	Nonpriority creditor's name and mailing address PATIENT 2561 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.80
3.2073	Nonpriority creditor's name and mailing address PATIENT 2562 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.77

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			Amount of claim
3.2074	Nonpriority creditor's name and mailing address PATIENT 2563 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.76
3.2075	Nonpriority creditor's name and mailing address PATIENT 2565 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.42
3.2076	Nonpriority creditor's name and mailing address PATIENT 2566 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.41
3.2077	Nonpriority creditor's name and mailing address PATIENT 2571 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
3.2078	Nonpriority creditor's name and mailing address PATIENT 2572 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00

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			Amount of claim
3.2079	Nonpriority creditor's name and mailing address PATIENT 2574 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.70
3.2080	Nonpriority creditor's name and mailing address PATIENT 2578 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.40
3.2081	Nonpriority creditor's name and mailing address PATIENT 2581 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.19
3.2082	Nonpriority creditor's name and mailing address PATIENT 2582 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
3.2083	Nonpriority creditor's name and mailing address PATIENT 2583 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00

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			Amount of claim
3.2084	Nonpriority creditor's name and mailing address PATIENT 2584 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
3.2085	Nonpriority creditor's name and mailing address PATIENT 2585 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
3.2086	Nonpriority creditor's name and mailing address PATIENT 2587 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.84
3.2087	Nonpriority creditor's name and mailing address PATIENT 2591 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.75
3.2088	Nonpriority creditor's name and mailing address PATIENT 2592 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00

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			Amount of claim
3.2089	Nonpriority creditor's name and mailing address PATIENT 2593 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.56
3.2090	Nonpriority creditor's name and mailing address PATIENT 2594 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.51
3.2091	Nonpriority creditor's name and mailing address PATIENT 2595 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.51
3.2092	Nonpriority creditor's name and mailing address PATIENT 2597 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.43
3.2093	Nonpriority creditor's name and mailing address PATIENT 2598 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.42

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			Amount of claim
3.2094	Nonpriority creditor's name and mailing address PATIENT 2599 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.33
3.2095	Nonpriority creditor's name and mailing address PATIENT 2600 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.30
3.2096	Nonpriority creditor's name and mailing address PATIENT 2603 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.22
3.2097	Nonpriority creditor's name and mailing address PATIENT 2604 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.13
3.2098	Nonpriority creditor's name and mailing address PATIENT 2606 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00

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			Amount of claim
3.2099	Nonpriority creditor's name and mailing address PATIENT 2607 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
3.2100	Nonpriority creditor's name and mailing address PATIENT 2608 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
3.2101	Nonpriority creditor's name and mailing address PATIENT 2609 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
3.2102	Nonpriority creditor's name and mailing address PATIENT 2614 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.91
3.2103	Nonpriority creditor's name and mailing address PATIENT 2615 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.62

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			Amount of claim
3.2104	Nonpriority creditor's name and mailing address PATIENT 2617 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.60
3.2105	Nonpriority creditor's name and mailing address PATIENT 2619 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.50
3.2106	Nonpriority creditor's name and mailing address PATIENT 2620 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.44
3.2107	Nonpriority creditor's name and mailing address PATIENT 2625 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.35
3.2108	Nonpriority creditor's name and mailing address PATIENT 2626 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.32

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			Amount of claim
3.2109	Nonpriority creditor's name and mailing address PATIENT 2627 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.25
3.2110	Nonpriority creditor's name and mailing address PATIENT 2628 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.24
3.2111	Nonpriority creditor's name and mailing address PATIENT 2629 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.14
3.2112	Nonpriority creditor's name and mailing address PATIENT 2630 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.98
3.2113	Nonpriority creditor's name and mailing address PATIENT 2633 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.86

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			Amount of claim
3.2114	Nonpriority creditor's name and mailing address PATIENT 2634 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.78
3.2115	Nonpriority creditor's name and mailing address PATIENT 2637 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.61
3.2116	Nonpriority creditor's name and mailing address PATIENT 2639 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.53
3.2117	Nonpriority creditor's name and mailing address PATIENT 2643 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.24
3.2118	Nonpriority creditor's name and mailing address PATIENT 2658 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2119	Nonpriority creditor's name and mailing address PATIENT 2659 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2120	Nonpriority creditor's name and mailing address PATIENT 2660 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2121	Nonpriority creditor's name and mailing address PATIENT 2661 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2122	Nonpriority creditor's name and mailing address PATIENT 2662 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2123	Nonpriority creditor's name and mailing address PATIENT 2663 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2124	Nonpriority creditor's name and mailing address PATIENT 2664 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2125	Nonpriority creditor's name and mailing address PATIENT 2665 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2126	Nonpriority creditor's name and mailing address PATIENT 2666 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2127	Nonpriority creditor's name and mailing address PATIENT 2667 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2128	Nonpriority creditor's name and mailing address PATIENT 2668 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2129	Nonpriority creditor's name and mailing address PATIENT 2669 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2130	Nonpriority creditor's name and mailing address PATIENT 2670 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2131	Nonpriority creditor's name and mailing address PATIENT 2671 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2132	Nonpriority creditor's name and mailing address PATIENT 2673 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2133	Nonpriority creditor's name and mailing address PATIENT 2674 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2134	Nonpriority creditor's name and mailing address PATIENT 2675 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2135	Nonpriority creditor's name and mailing address PATIENT 2676 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2136	Nonpriority creditor's name and mailing address PATIENT 2677 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2137	Nonpriority creditor's name and mailing address PATIENT 2680 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2138	Nonpriority creditor's name and mailing address PATIENT 2681 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2139	Nonpriority creditor's name and mailing address PATIENT 2682 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2140	Nonpriority creditor's name and mailing address PATIENT 2684 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2141	Nonpriority creditor's name and mailing address PATIENT 2685 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2142	Nonpriority creditor's name and mailing address PATIENT 2686 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2143	Nonpriority creditor's name and mailing address PATIENT 2687 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2144	Nonpriority creditor's name and mailing address PATIENT 2689 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2145	Nonpriority creditor's name and mailing address PATIENT 2690 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2146	Nonpriority creditor's name and mailing address PATIENT 2691 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2147	Nonpriority creditor's name and mailing address PATIENT 2692 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2148	Nonpriority creditor's name and mailing address PATIENT 2693 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2149	Nonpriority creditor's name and mailing address PATIENT 2694 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2150	Nonpriority creditor's name and mailing address PATIENT 2695 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2151	Nonpriority creditor's name and mailing address PATIENT 2696 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2152	Nonpriority creditor's name and mailing address PATIENT 2697 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2153	Nonpriority creditor's name and mailing address PATIENT 2698 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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			Amount of claim
3.2154	Nonpriority creditor's name and mailing address PATIENT 2699 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2155	Nonpriority creditor's name and mailing address PATIENT 2700 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2156	Nonpriority creditor's name and mailing address PATIENT 2701 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2157	Nonpriority creditor's name and mailing address PATIENT 2702 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2158	Nonpriority creditor's name and mailing address PATIENT 2703 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2159	Nonpriority creditor's name and mailing address PATIENT 2704 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2160	Nonpriority creditor's name and mailing address PATIENT 2705 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2161	Nonpriority creditor's name and mailing address PATIENT 2706 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2162	Nonpriority creditor's name and mailing address PATIENT 2707 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2163	Nonpriority creditor's name and mailing address PATIENT 2708 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2164	Nonpriority creditor's name and mailing address PATIENT 2709 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2165	Nonpriority creditor's name and mailing address PATIENT 2710 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2166	Nonpriority creditor's name and mailing address PATIENT 2711 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2167	Nonpriority creditor's name and mailing address PATIENT 2712 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2168	Nonpriority creditor's name and mailing address PATIENT 2713 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2169	Nonpriority creditor's name and mailing address PATIENT 2714 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2170	Nonpriority creditor's name and mailing address PATIENT 2715 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2171	Nonpriority creditor's name and mailing address PATIENT 2716 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2172	Nonpriority creditor's name and mailing address PATIENT 2717 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2173	Nonpriority creditor's name and mailing address PATIENT 2718 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2174	Nonpriority creditor's name and mailing address PATIENT 2719 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2175	Nonpriority creditor's name and mailing address PATIENT 2720 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2176	Nonpriority creditor's name and mailing address PATIENT 2721 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2177	Nonpriority creditor's name and mailing address PATIENT 2722 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2178	Nonpriority creditor's name and mailing address PATIENT 2723 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2179	Nonpriority creditor's name and mailing address PATIENT 2724 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2180	Nonpriority creditor's name and mailing address PATIENT 2725 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2181	Nonpriority creditor's name and mailing address PATIENT 2726 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2182	Nonpriority creditor's name and mailing address PATIENT 2727 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2183	Nonpriority creditor's name and mailing address PATIENT 2728 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2184	Nonpriority creditor's name and mailing address PATIENT 2729 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2185	Nonpriority creditor's name and mailing address PATIENT 2730 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2186	Nonpriority creditor's name and mailing address PATIENT 2731 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2187	Nonpriority creditor's name and mailing address PATIENT 2732 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2188	Nonpriority creditor's name and mailing address PATIENT 2733 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00

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			Amount of claim
3.2189	Nonpriority creditor's name and mailing address PATIENT 2734 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.2190	Nonpriority creditor's name and mailing address PATIENT 2735 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.99
3.2191	Nonpriority creditor's name and mailing address PATIENT 2736 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.99
3.2192	Nonpriority creditor's name and mailing address PATIENT 2738 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.90
3.2193	Nonpriority creditor's name and mailing address PATIENT 2740 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.78

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			Amount of claim
3.2194	Nonpriority creditor's name and mailing address PATIENT 2741 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.71
3.2195	Nonpriority creditor's name and mailing address PATIENT 2742 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.59
3.2196	Nonpriority creditor's name and mailing address PATIENT 2744 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.40
3.2197	Nonpriority creditor's name and mailing address PATIENT 2746 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.28
3.2198	Nonpriority creditor's name and mailing address PATIENT 2749 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.26

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			Amount of claim
3.2199	Nonpriority creditor's name and mailing address PATIENT 2750 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.10
3.2200	Nonpriority creditor's name and mailing address PATIENT 2751 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.04
3.2201	Nonpriority creditor's name and mailing address PATIENT 2752 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.04
3.2202	Nonpriority creditor's name and mailing address PATIENT 2756 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
3.2203	Nonpriority creditor's name and mailing address PATIENT 2758 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00

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			Amount of claim
3.2204	Nonpriority creditor's name and mailing address PATIENT 2762 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.72
3.2205	Nonpriority creditor's name and mailing address PATIENT 2763 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.66
3.2206	Nonpriority creditor's name and mailing address PATIENT 2766 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.51
3.2207	Nonpriority creditor's name and mailing address PATIENT 2770 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.37
3.2208	Nonpriority creditor's name and mailing address PATIENT 2774 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.28

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			Amount of claim
3.2209	Nonpriority creditor's name and mailing address PATIENT 2775 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.26
3.2210	Nonpriority creditor's name and mailing address PATIENT 2776 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.22
3.2211	Nonpriority creditor's name and mailing address PATIENT 2779 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.16
3.2212	Nonpriority creditor's name and mailing address PATIENT 2780 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.15
3.2213	Nonpriority creditor's name and mailing address PATIENT 2783 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00

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			Amount of claim
3.2214	Nonpriority creditor's name and mailing address PATIENT 2784 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.90
3.2215	Nonpriority creditor's name and mailing address PATIENT 2785 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.90
3.2216	Nonpriority creditor's name and mailing address PATIENT 2786 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.90
3.2217	Nonpriority creditor's name and mailing address PATIENT 2787 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.33
3.2218	Nonpriority creditor's name and mailing address PATIENT 2788 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.90

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			Amount of claim
3.2219	Nonpriority creditor's name and mailing address PATIENT 2789 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.90
3.2220	Nonpriority creditor's name and mailing address PATIENT 279 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.43
3.2221	Nonpriority creditor's name and mailing address PATIENT 2790 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.89
3.2222	Nonpriority creditor's name and mailing address PATIENT 2791 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.89
3.2223	Nonpriority creditor's name and mailing address PATIENT 2793 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.78

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			Amount of claim
3.2224	Nonpriority creditor's name and mailing address PATIENT 2794 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.54
3.2225	Nonpriority creditor's name and mailing address PATIENT 2795 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.47
3.2226	Nonpriority creditor's name and mailing address PATIENT 2796 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.44
3.2227	Nonpriority creditor's name and mailing address PATIENT 2798 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.29
3.2228	Nonpriority creditor's name and mailing address PATIENT 2799 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.27

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			Amount of claim
3.2229	Nonpriority creditor's name and mailing address PATIENT 2806 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.09
3.2230	Nonpriority creditor's name and mailing address PATIENT 2808 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
3.2231	Nonpriority creditor's name and mailing address PATIENT 2809 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.90
3.2232	Nonpriority creditor's name and mailing address PATIENT 2810 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.90
3.2233	Nonpriority creditor's name and mailing address PATIENT 2811 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.88

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			Amount of claim
3.2234	Nonpriority creditor's name and mailing address PATIENT 2812 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.72
3.2235	Nonpriority creditor's name and mailing address PATIENT 2816 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.66
3.2236	Nonpriority creditor's name and mailing address PATIENT 2817 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.66
3.2237	Nonpriority creditor's name and mailing address PATIENT 2818 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.66
3.2238	Nonpriority creditor's name and mailing address PATIENT 2819 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.66

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			Amount of claim
3.2239	Nonpriority creditor's name and mailing address PATIENT 2820 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.66
3.2240	Nonpriority creditor's name and mailing address PATIENT 2821 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.66
3.2241	Nonpriority creditor's name and mailing address PATIENT 2822 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.65
3.2242	Nonpriority creditor's name and mailing address PATIENT 2823 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.50
3.2243	Nonpriority creditor's name and mailing address PATIENT 2827 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.47

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			Amount of claim
3.2244	Nonpriority creditor's name and mailing address PATIENT 2828 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2245	Nonpriority creditor's name and mailing address PATIENT 2829 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2246	Nonpriority creditor's name and mailing address PATIENT 2830 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2247	Nonpriority creditor's name and mailing address PATIENT 2831 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2248	Nonpriority creditor's name and mailing address PATIENT 2832 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26

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			Amount of claim
3.2249	Nonpriority creditor's name and mailing address PATIENT 2833 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2250	Nonpriority creditor's name and mailing address PATIENT 2834 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2251	Nonpriority creditor's name and mailing address PATIENT 2835 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2252	Nonpriority creditor's name and mailing address PATIENT 2836 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2253	Nonpriority creditor's name and mailing address PATIENT 2837 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26

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			Amount of claim
3.2254	Nonpriority creditor's name and mailing address PATIENT 2838 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.26
3.2255	Nonpriority creditor's name and mailing address PATIENT 2840 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.21
3.2256	Nonpriority creditor's name and mailing address PATIENT 2841 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.14
3.2257	Nonpriority creditor's name and mailing address PATIENT 2842 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.13
3.2258	Nonpriority creditor's name and mailing address PATIENT 2843 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.03

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			Amount of claim
3.2259	Nonpriority creditor's name and mailing address PATIENT 2846 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.99
3.2260	Nonpriority creditor's name and mailing address PATIENT 2847 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.90
3.2261	Nonpriority creditor's name and mailing address PATIENT 2848 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.90
3.2262	Nonpriority creditor's name and mailing address PATIENT 2849 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.90
3.2263	Nonpriority creditor's name and mailing address PATIENT 2850 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.80

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			Amount of claim
3.2264	Nonpriority creditor's name and mailing address PATIENT 2852 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.60
3.2265	Nonpriority creditor's name and mailing address PATIENT 2853 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.42
3.2266	Nonpriority creditor's name and mailing address PATIENT 2856 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.33
3.2267	Nonpriority creditor's name and mailing address PATIENT 2857 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.31
3.2268	Nonpriority creditor's name and mailing address PATIENT 2858 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.28

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			Amount of claim
3.2269	Nonpriority creditor's name and mailing address PATIENT 2859 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.28
3.2270	Nonpriority creditor's name and mailing address PATIENT 2860 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.28
3.2271	Nonpriority creditor's name and mailing address PATIENT 2864 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.11
3.2272	Nonpriority creditor's name and mailing address PATIENT 2865 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.03
3.2273	Nonpriority creditor's name and mailing address PATIENT 2866 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.01

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			Amount of claim
3.2274	Nonpriority creditor's name and mailing address PATIENT 2890 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2275	Nonpriority creditor's name and mailing address PATIENT 2891 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2276	Nonpriority creditor's name and mailing address PATIENT 2892 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2277	Nonpriority creditor's name and mailing address PATIENT 2893 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2278	Nonpriority creditor's name and mailing address PATIENT 2894 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2279	Nonpriority creditor's name and mailing address PATIENT 2895 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2280	Nonpriority creditor's name and mailing address PATIENT 2896 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2281	Nonpriority creditor's name and mailing address PATIENT 2897 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2282	Nonpriority creditor's name and mailing address PATIENT 2898 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2283	Nonpriority creditor's name and mailing address PATIENT 2899 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2284	Nonpriority creditor's name and mailing address PATIENT 2900 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2285	Nonpriority creditor's name and mailing address PATIENT 2902 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2286	Nonpriority creditor's name and mailing address PATIENT 2903 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2287	Nonpriority creditor's name and mailing address PATIENT 2904 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2288	Nonpriority creditor's name and mailing address PATIENT 2905 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2289	Nonpriority creditor's name and mailing address PATIENT 2906 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2290	Nonpriority creditor's name and mailing address PATIENT 2907 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2291	Nonpriority creditor's name and mailing address PATIENT 2908 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2292	Nonpriority creditor's name and mailing address PATIENT 2909 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2293	Nonpriority creditor's name and mailing address PATIENT 2910 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2294	Nonpriority creditor's name and mailing address PATIENT 2911 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2295	Nonpriority creditor's name and mailing address PATIENT 2912 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2296	Nonpriority creditor's name and mailing address PATIENT 2913 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2297	Nonpriority creditor's name and mailing address PATIENT 2914 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2298	Nonpriority creditor's name and mailing address PATIENT 2916 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2299	Nonpriority creditor's name and mailing address PATIENT 2917 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2300	Nonpriority creditor's name and mailing address PATIENT 2918 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2301	Nonpriority creditor's name and mailing address PATIENT 2919 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2302	Nonpriority creditor's name and mailing address PATIENT 2920 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2303	Nonpriority creditor's name and mailing address PATIENT 2921 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2304	Nonpriority creditor's name and mailing address PATIENT 2922 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2305	Nonpriority creditor's name and mailing address PATIENT 2923 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2306	Nonpriority creditor's name and mailing address PATIENT 2924 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2307	Nonpriority creditor's name and mailing address PATIENT 2925 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2308	Nonpriority creditor's name and mailing address PATIENT 2926 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2309	Nonpriority creditor's name and mailing address PATIENT 2927 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2310	Nonpriority creditor's name and mailing address PATIENT 2928 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2311	Nonpriority creditor's name and mailing address PATIENT 2929 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2312	Nonpriority creditor's name and mailing address PATIENT 2930 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2313	Nonpriority creditor's name and mailing address PATIENT 2931 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2314	Nonpriority creditor's name and mailing address PATIENT 2932 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2315	Nonpriority creditor's name and mailing address PATIENT 2933 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2316	Nonpriority creditor's name and mailing address PATIENT 2934 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2317	Nonpriority creditor's name and mailing address PATIENT 2935 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2318	Nonpriority creditor's name and mailing address PATIENT 2936 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2319	Nonpriority creditor's name and mailing address PATIENT 2937 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2320	Nonpriority creditor's name and mailing address PATIENT 2938 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2321	Nonpriority creditor's name and mailing address PATIENT 2939 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2322	Nonpriority creditor's name and mailing address PATIENT 2940 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2323	Nonpriority creditor's name and mailing address PATIENT 2941 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.60

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			Amount of claim
3.2324	Nonpriority creditor's name and mailing address PATIENT 2942 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2325	Nonpriority creditor's name and mailing address PATIENT 2943 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2326	Nonpriority creditor's name and mailing address PATIENT 2946 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2327	Nonpriority creditor's name and mailing address PATIENT 2947 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2328	Nonpriority creditor's name and mailing address PATIENT 2948 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2329	Nonpriority creditor's name and mailing address PATIENT 2949 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2330	Nonpriority creditor's name and mailing address PATIENT 2950 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2331	Nonpriority creditor's name and mailing address PATIENT 2951 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2332	Nonpriority creditor's name and mailing address PATIENT 2952 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2333	Nonpriority creditor's name and mailing address PATIENT 2955 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2334	Nonpriority creditor's name and mailing address PATIENT 2956 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2335	Nonpriority creditor's name and mailing address PATIENT 2957 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2336	Nonpriority creditor's name and mailing address PATIENT 2958 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2337	Nonpriority creditor's name and mailing address PATIENT 2959 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2338	Nonpriority creditor's name and mailing address PATIENT 2960 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2339	Nonpriority creditor's name and mailing address PATIENT 2961 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2340	Nonpriority creditor's name and mailing address PATIENT 2962 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2341	Nonpriority creditor's name and mailing address PATIENT 2963 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2342	Nonpriority creditor's name and mailing address PATIENT 2964 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2343	Nonpriority creditor's name and mailing address PATIENT 2965 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2344	Nonpriority creditor's name and mailing address PATIENT 2966 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2345	Nonpriority creditor's name and mailing address PATIENT 2967 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2346	Nonpriority creditor's name and mailing address PATIENT 2968 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2347	Nonpriority creditor's name and mailing address PATIENT 2969 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2348	Nonpriority creditor's name and mailing address PATIENT 297 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,580.00

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			Amount of claim
3.2349	Nonpriority creditor's name and mailing address PATIENT 2970 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2350	Nonpriority creditor's name and mailing address PATIENT 2971 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2351	Nonpriority creditor's name and mailing address PATIENT 2972 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2352	Nonpriority creditor's name and mailing address PATIENT 2973 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2353	Nonpriority creditor's name and mailing address PATIENT 2974 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2354	Nonpriority creditor's name and mailing address PATIENT 2975 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.2355	Nonpriority creditor's name and mailing address PATIENT 2977 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2356	Nonpriority creditor's name and mailing address PATIENT 2978 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2357	Nonpriority creditor's name and mailing address PATIENT 2979 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2358	Nonpriority creditor's name and mailing address PATIENT 2980 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2359	Nonpriority creditor's name and mailing address PATIENT 2981 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2360	Nonpriority creditor's name and mailing address PATIENT 2982 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2361	Nonpriority creditor's name and mailing address PATIENT 2983 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2362	Nonpriority creditor's name and mailing address PATIENT 2984 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2363	Nonpriority creditor's name and mailing address PATIENT 2986 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2364	Nonpriority creditor's name and mailing address PATIENT 2987 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.2365	Nonpriority creditor's name and mailing address PATIENT 2988 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2366	Nonpriority creditor's name and mailing address PATIENT 2989 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2367	Nonpriority creditor's name and mailing address PATIENT 2990 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2368	Nonpriority creditor's name and mailing address PATIENT 2991 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2369	Nonpriority creditor's name and mailing address PATIENT 2992 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2370	Nonpriority creditor's name and mailing address PATIENT 2993 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2371	Nonpriority creditor's name and mailing address PATIENT 2994 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2372	Nonpriority creditor's name and mailing address PATIENT 2995 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2373	Nonpriority creditor's name and mailing address PATIENT 2996 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2374	Nonpriority creditor's name and mailing address PATIENT 2997 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2375	Nonpriority creditor's name and mailing address PATIENT 2998 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2376	Nonpriority creditor's name and mailing address PATIENT 2999 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2377	Nonpriority creditor's name and mailing address PATIENT 3000 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2378	Nonpriority creditor's name and mailing address PATIENT 3001 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2379	Nonpriority creditor's name and mailing address PATIENT 3002 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2380	Nonpriority creditor's name and mailing address PATIENT 3003 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2381	Nonpriority creditor's name and mailing address PATIENT 3004 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2382	Nonpriority creditor's name and mailing address PATIENT 3005 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2383	Nonpriority creditor's name and mailing address PATIENT 3006 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2384	Nonpriority creditor's name and mailing address PATIENT 3007 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2385	Nonpriority creditor's name and mailing address PATIENT 3008 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2386	Nonpriority creditor's name and mailing address PATIENT 3009 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2387	Nonpriority creditor's name and mailing address PATIENT 3010 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2388	Nonpriority creditor's name and mailing address PATIENT 3011 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2389	Nonpriority creditor's name and mailing address PATIENT 3012 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2390	Nonpriority creditor's name and mailing address PATIENT 3013 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2391	Nonpriority creditor's name and mailing address PATIENT 3014 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2392	Nonpriority creditor's name and mailing address PATIENT 3015 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2393	Nonpriority creditor's name and mailing address PATIENT 3016 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2394	Nonpriority creditor's name and mailing address PATIENT 3017 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2395	Nonpriority creditor's name and mailing address PATIENT 3018 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2396	Nonpriority creditor's name and mailing address PATIENT 3019 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2397	Nonpriority creditor's name and mailing address PATIENT 3020 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2398	Nonpriority creditor's name and mailing address PATIENT 3021 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2399	Nonpriority creditor's name and mailing address PATIENT 3022 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2400	Nonpriority creditor's name and mailing address PATIENT 3023 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2401	Nonpriority creditor's name and mailing address PATIENT 3024 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2402	Nonpriority creditor's name and mailing address PATIENT 3025 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2403	Nonpriority creditor's name and mailing address PATIENT 3026 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2404	Nonpriority creditor's name and mailing address PATIENT 3027 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2405	Nonpriority creditor's name and mailing address PATIENT 3028 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2406	Nonpriority creditor's name and mailing address PATIENT 3029 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2407	Nonpriority creditor's name and mailing address PATIENT 3030 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2408	Nonpriority creditor's name and mailing address PATIENT 3031 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2409	Nonpriority creditor's name and mailing address PATIENT 3032 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2410	Nonpriority creditor's name and mailing address PATIENT 3033 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2411	Nonpriority creditor's name and mailing address PATIENT 3034 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2412	Nonpriority creditor's name and mailing address PATIENT 3035 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2413	Nonpriority creditor's name and mailing address PATIENT 3036 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2414	Nonpriority creditor's name and mailing address PATIENT 3037 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2415	Nonpriority creditor's name and mailing address PATIENT 3038 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.2416	Nonpriority creditor's name and mailing address PATIENT 3041 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2417	Nonpriority creditor's name and mailing address PATIENT 3042 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2418	Nonpriority creditor's name and mailing address PATIENT 3043 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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			Amount of claim
3.2419	Nonpriority creditor's name and mailing address PATIENT 3044 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.2420	Nonpriority creditor's name and mailing address PATIENT 3045 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.99
3.2421	Nonpriority creditor's name and mailing address PATIENT 3046 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.96
3.2422	Nonpriority creditor's name and mailing address PATIENT 3047 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.93
3.2423	Nonpriority creditor's name and mailing address PATIENT 3048 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.87

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			Amount of claim
3.2424	Nonpriority creditor's name and mailing address PATIENT 3049 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.83
3.2425	Nonpriority creditor's name and mailing address PATIENT 3050 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.80
3.2426	Nonpriority creditor's name and mailing address PATIENT 3051 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.80
3.2427	Nonpriority creditor's name and mailing address PATIENT 3052 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.80
3.2428	Nonpriority creditor's name and mailing address PATIENT 3053 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.80

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			Amount of claim
3.2429	Nonpriority creditor's name and mailing address PATIENT 3061 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.70
3.2430	Nonpriority creditor's name and mailing address PATIENT 3062 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.66
3.2431	Nonpriority creditor's name and mailing address PATIENT 3063 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.57
3.2432	Nonpriority creditor's name and mailing address PATIENT 3065 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.49
3.2433	Nonpriority creditor's name and mailing address PATIENT 3066 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.44

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			Amount of claim
3.2434	Nonpriority creditor's name and mailing address PATIENT 3068 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.43
3.2435	Nonpriority creditor's name and mailing address PATIENT 3069 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.41
3.2436	Nonpriority creditor's name and mailing address PATIENT 3070 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.40
3.2437	Nonpriority creditor's name and mailing address PATIENT 3072 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.38
3.2438	Nonpriority creditor's name and mailing address PATIENT 3073 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.31

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			Amount of claim
3.2439	Nonpriority creditor's name and mailing address PATIENT 3074 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.25
3.2440	Nonpriority creditor's name and mailing address PATIENT 3075 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.23
3.2441	Nonpriority creditor's name and mailing address PATIENT 3076 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.15
3.2442	Nonpriority creditor's name and mailing address PATIENT 3077 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.14
3.2443	Nonpriority creditor's name and mailing address PATIENT 3078 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.10

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			Amount of claim
3.2444	Nonpriority creditor's name and mailing address PATIENT 3079 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
3.2445	Nonpriority creditor's name and mailing address PATIENT 3080 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.94
3.2446	Nonpriority creditor's name and mailing address PATIENT 3084 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.72
3.2447	Nonpriority creditor's name and mailing address PATIENT 3087 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.60
3.2448	Nonpriority creditor's name and mailing address PATIENT 3088 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.36

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			Amount of claim
3.2449	Nonpriority creditor's name and mailing address PATIENT 3089 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.59
3.2450	Nonpriority creditor's name and mailing address PATIENT 3090 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.55
3.2451	Nonpriority creditor's name and mailing address PATIENT 3093 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.39
3.2452	Nonpriority creditor's name and mailing address PATIENT 3094 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.39
3.2453	Nonpriority creditor's name and mailing address PATIENT 3095 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.39

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			Amount of claim
3.2454	Nonpriority creditor's name and mailing address PATIENT 3097 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.30
3.2455	Nonpriority creditor's name and mailing address PATIENT 3098 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2456	Nonpriority creditor's name and mailing address PATIENT 3099 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2457	Nonpriority creditor's name and mailing address PATIENT 3100 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2458	Nonpriority creditor's name and mailing address PATIENT 3101 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28

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			Amount of claim
3.2459	Nonpriority creditor's name and mailing address PATIENT 3102 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2460	Nonpriority creditor's name and mailing address PATIENT 3103 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2461	Nonpriority creditor's name and mailing address PATIENT 3104 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2462	Nonpriority creditor's name and mailing address PATIENT 3105 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2463	Nonpriority creditor's name and mailing address PATIENT 3106 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28

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			Amount of claim
3.2464	Nonpriority creditor's name and mailing address PATIENT 3107 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2465	Nonpriority creditor's name and mailing address PATIENT 3108 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2466	Nonpriority creditor's name and mailing address PATIENT 3109 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2467	Nonpriority creditor's name and mailing address PATIENT 3110 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2468	Nonpriority creditor's name and mailing address PATIENT 3111 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28

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			Amount of claim
3.2469	Nonpriority creditor's name and mailing address PATIENT 3112 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2470	Nonpriority creditor's name and mailing address PATIENT 3113 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2471	Nonpriority creditor's name and mailing address PATIENT 3114 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2472	Nonpriority creditor's name and mailing address PATIENT 3115 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.28
3.2473	Nonpriority creditor's name and mailing address PATIENT 3116 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.24

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		Amount of claim
3.2474	Nonpriority creditor's name and mailing address PATIENT 3117 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$23.23 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2475	Nonpriority creditor's name and mailing address PATIENT 3118 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$23.19 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2476	Nonpriority creditor's name and mailing address PATIENT 3119 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$23.19 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2477	Nonpriority creditor's name and mailing address PATIENT 3120 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$23.18 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2478	Nonpriority creditor's name and mailing address PATIENT 3121 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$23.18 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.2479	Nonpriority creditor's name and mailing address PATIENT 3122 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.16
3.2480	Nonpriority creditor's name and mailing address PATIENT 3125 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.07
3.2481	Nonpriority creditor's name and mailing address PATIENT 3127 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
3.2482	Nonpriority creditor's name and mailing address PATIENT 3128 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
3.2483	Nonpriority creditor's name and mailing address PATIENT 3131 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.85

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			Amount of claim
3.2484	Nonpriority creditor's name and mailing address PATIENT 3134 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.74
3.2485	Nonpriority creditor's name and mailing address PATIENT 3136 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.73
3.2486	Nonpriority creditor's name and mailing address PATIENT 3137 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.73
3.2487	Nonpriority creditor's name and mailing address PATIENT 3138 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.69
3.2488	Nonpriority creditor's name and mailing address PATIENT 3139 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.66

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			Amount of claim
3.2489	Nonpriority creditor's name and mailing address PATIENT 3140 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.60
3.2490	Nonpriority creditor's name and mailing address PATIENT 3141 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.56
3.2491	Nonpriority creditor's name and mailing address PATIENT 3142 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.51
3.2492	Nonpriority creditor's name and mailing address PATIENT 3144 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.34
3.2493	Nonpriority creditor's name and mailing address PATIENT 3145 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.27

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			Amount of claim
3.2494	Nonpriority creditor's name and mailing address PATIENT 3146 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.25
3.2495	Nonpriority creditor's name and mailing address PATIENT 3147 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.18
3.2496	Nonpriority creditor's name and mailing address PATIENT 3148 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.18
3.2497	Nonpriority creditor's name and mailing address PATIENT 3149 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.18
3.2498	Nonpriority creditor's name and mailing address PATIENT 3150 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.18

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			Amount of claim
3.2499	Nonpriority creditor's name and mailing address PATIENT 3151 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.17
3.2500	Nonpriority creditor's name and mailing address PATIENT 3152 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.14
3.2501	Nonpriority creditor's name and mailing address PATIENT 3153 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.09
3.2502	Nonpriority creditor's name and mailing address PATIENT 3154 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.08
3.2503	Nonpriority creditor's name and mailing address PATIENT 3155 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.08

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			Amount of claim
3.2504	Nonpriority creditor's name and mailing address PATIENT 3156 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.08
3.2505	Nonpriority creditor's name and mailing address PATIENT 3157 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.07
3.2506	Nonpriority creditor's name and mailing address PATIENT 3158 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.05
3.2507	Nonpriority creditor's name and mailing address PATIENT 3159 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
3.2508	Nonpriority creditor's name and mailing address PATIENT 3161 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.98

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			Amount of claim
3.2509	Nonpriority creditor's name and mailing address PATIENT 3163 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.66
3.2510	Nonpriority creditor's name and mailing address PATIENT 3165 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.79
3.2511	Nonpriority creditor's name and mailing address PATIENT 3167 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.73
3.2512	Nonpriority creditor's name and mailing address PATIENT 3169 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.69
3.2513	Nonpriority creditor's name and mailing address PATIENT 3170 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.55

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			Amount of claim
3.2514	Nonpriority creditor's name and mailing address PATIENT 3171 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.54
3.2515	Nonpriority creditor's name and mailing address PATIENT 3175 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.36
3.2516	Nonpriority creditor's name and mailing address PATIENT 3176 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.31
3.2517	Nonpriority creditor's name and mailing address PATIENT 3177 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.28
3.2518	Nonpriority creditor's name and mailing address PATIENT 3178 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.27

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			Amount of claim
3.2519	Nonpriority creditor's name and mailing address PATIENT 3179 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.13
3.2520	Nonpriority creditor's name and mailing address PATIENT 3180 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.04
3.2521	Nonpriority creditor's name and mailing address PATIENT 3182 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
3.2522	Nonpriority creditor's name and mailing address PATIENT 3183 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.84
3.2523	Nonpriority creditor's name and mailing address PATIENT 3186 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.81

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			Amount of claim
3.2524	Nonpriority creditor's name and mailing address PATIENT 3188 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.80
3.2525	Nonpriority creditor's name and mailing address PATIENT 3189 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.80
3.2526	Nonpriority creditor's name and mailing address PATIENT 3190 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.78
3.2527	Nonpriority creditor's name and mailing address PATIENT 3191 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.72
3.2528	Nonpriority creditor's name and mailing address PATIENT 3192 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.68

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			Amount of claim
3.2529	Nonpriority creditor's name and mailing address PATIENT 3194 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.63
3.2530	Nonpriority creditor's name and mailing address PATIENT 3196 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.62
3.2531	Nonpriority creditor's name and mailing address PATIENT 3197 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.60
3.2532	Nonpriority creditor's name and mailing address PATIENT 3199 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.57
3.2533	Nonpriority creditor's name and mailing address PATIENT 3200 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.57

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			Amount of claim
3.2534	Nonpriority creditor's name and mailing address PATIENT 3201 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.57
3.2535	Nonpriority creditor's name and mailing address PATIENT 3208 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.34
3.2536	Nonpriority creditor's name and mailing address PATIENT 3209 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.32
3.2537	Nonpriority creditor's name and mailing address PATIENT 3211 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.25
3.2538	Nonpriority creditor's name and mailing address PATIENT 3212 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.24

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			Amount of claim
3.2539	Nonpriority creditor's name and mailing address PATIENT 3213 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.24
3.2540	Nonpriority creditor's name and mailing address PATIENT 3214 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.24
3.2541	Nonpriority creditor's name and mailing address PATIENT 3215 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.22
3.2542	Nonpriority creditor's name and mailing address PATIENT 3216 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.19
3.2543	Nonpriority creditor's name and mailing address PATIENT 3228 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2544	Nonpriority creditor's name and mailing address PATIENT 3229 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2545	Nonpriority creditor's name and mailing address PATIENT 3230 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2546	Nonpriority creditor's name and mailing address PATIENT 3231 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2547	Nonpriority creditor's name and mailing address PATIENT 3232 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2548	Nonpriority creditor's name and mailing address PATIENT 3233 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2549	Nonpriority creditor's name and mailing address PATIENT 3234 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2550	Nonpriority creditor's name and mailing address PATIENT 3235 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2551	Nonpriority creditor's name and mailing address PATIENT 3236 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2552	Nonpriority creditor's name and mailing address PATIENT 3238 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2553	Nonpriority creditor's name and mailing address PATIENT 3239 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2554	Nonpriority creditor's name and mailing address PATIENT 3240 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2555	Nonpriority creditor's name and mailing address PATIENT 3241 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2556	Nonpriority creditor's name and mailing address PATIENT 3242 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2557	Nonpriority creditor's name and mailing address PATIENT 3243 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2558	Nonpriority creditor's name and mailing address PATIENT 3244 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2559	Nonpriority creditor's name and mailing address PATIENT 3245 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2560	Nonpriority creditor's name and mailing address PATIENT 3246 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2561	Nonpriority creditor's name and mailing address PATIENT 3247 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2562	Nonpriority creditor's name and mailing address PATIENT 3248 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2563	Nonpriority creditor's name and mailing address PATIENT 3249 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2564	Nonpriority creditor's name and mailing address PATIENT 3250 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2565	Nonpriority creditor's name and mailing address PATIENT 3251 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2566	Nonpriority creditor's name and mailing address PATIENT 3253 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2567	Nonpriority creditor's name and mailing address PATIENT 3254 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2568	Nonpriority creditor's name and mailing address PATIENT 3255 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2569	Nonpriority creditor's name and mailing address PATIENT 3256 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2570	Nonpriority creditor's name and mailing address PATIENT 3257 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2571	Nonpriority creditor's name and mailing address PATIENT 3258 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2572	Nonpriority creditor's name and mailing address PATIENT 3259 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2573	Nonpriority creditor's name and mailing address PATIENT 3260 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2574	Nonpriority creditor's name and mailing address PATIENT 3261 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2575	Nonpriority creditor's name and mailing address PATIENT 3262 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2576	Nonpriority creditor's name and mailing address PATIENT 3263 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2577	Nonpriority creditor's name and mailing address PATIENT 3264 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2578	Nonpriority creditor's name and mailing address PATIENT 3265 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2579	Nonpriority creditor's name and mailing address PATIENT 3266 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2580	Nonpriority creditor's name and mailing address PATIENT 3267 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2581	Nonpriority creditor's name and mailing address PATIENT 3268 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2582	Nonpriority creditor's name and mailing address PATIENT 3269 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2583	Nonpriority creditor's name and mailing address PATIENT 3270 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2584	Nonpriority creditor's name and mailing address PATIENT 3271 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2585	Nonpriority creditor's name and mailing address PATIENT 3272 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2586	Nonpriority creditor's name and mailing address PATIENT 3273 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2587	Nonpriority creditor's name and mailing address PATIENT 3274 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2588	Nonpriority creditor's name and mailing address PATIENT 3275 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2589	Nonpriority creditor's name and mailing address PATIENT 3276 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2590	Nonpriority creditor's name and mailing address PATIENT 3277 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2591	Nonpriority creditor's name and mailing address PATIENT 3279 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2592	Nonpriority creditor's name and mailing address PATIENT 3280 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2593	Nonpriority creditor's name and mailing address PATIENT 3281 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2594	Nonpriority creditor's name and mailing address PATIENT 3282 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2595	Nonpriority creditor's name and mailing address PATIENT 3283 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2596	Nonpriority creditor's name and mailing address PATIENT 3284 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2597	Nonpriority creditor's name and mailing address PATIENT 3285 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2598	Nonpriority creditor's name and mailing address PATIENT 3286 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2599	Nonpriority creditor's name and mailing address PATIENT 3287 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2600	Nonpriority creditor's name and mailing address PATIENT 3288 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2601	Nonpriority creditor's name and mailing address PATIENT 3289 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2602	Nonpriority creditor's name and mailing address PATIENT 3290 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2603	Nonpriority creditor's name and mailing address PATIENT 3291 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2604	Nonpriority creditor's name and mailing address PATIENT 3292 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2605	Nonpriority creditor's name and mailing address PATIENT 3293 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2606	Nonpriority creditor's name and mailing address PATIENT 3294 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2607	Nonpriority creditor's name and mailing address PATIENT 3295 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2608	Nonpriority creditor's name and mailing address PATIENT 3296 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2609	Nonpriority creditor's name and mailing address PATIENT 3297 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2610	Nonpriority creditor's name and mailing address PATIENT 3298 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2611	Nonpriority creditor's name and mailing address PATIENT 3299 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2612	Nonpriority creditor's name and mailing address PATIENT 3300 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2613	Nonpriority creditor's name and mailing address PATIENT 3301 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2614	Nonpriority creditor's name and mailing address PATIENT 3302 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2615	Nonpriority creditor's name and mailing address PATIENT 3303 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2616	Nonpriority creditor's name and mailing address PATIENT 3304 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2617	Nonpriority creditor's name and mailing address PATIENT 3305 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2618	Nonpriority creditor's name and mailing address PATIENT 3306 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2619	Nonpriority creditor's name and mailing address PATIENT 3307 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2620	Nonpriority creditor's name and mailing address PATIENT 3308 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2621	Nonpriority creditor's name and mailing address PATIENT 3309 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2622	Nonpriority creditor's name and mailing address PATIENT 3310 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2623	Nonpriority creditor's name and mailing address PATIENT 3311 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2624	Nonpriority creditor's name and mailing address PATIENT 3312 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2625	Nonpriority creditor's name and mailing address PATIENT 3313 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2626	Nonpriority creditor's name and mailing address PATIENT 3314 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2627	Nonpriority creditor's name and mailing address PATIENT 3315 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2628	Nonpriority creditor's name and mailing address PATIENT 3317 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2629	Nonpriority creditor's name and mailing address PATIENT 3318 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2630	Nonpriority creditor's name and mailing address PATIENT 3319 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2631	Nonpriority creditor's name and mailing address PATIENT 3320 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2632	Nonpriority creditor's name and mailing address PATIENT 3321 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2633	Nonpriority creditor's name and mailing address PATIENT 3322 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

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			Amount of claim
3.2634	Nonpriority creditor's name and mailing address PATIENT 3323 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2635	Nonpriority creditor's name and mailing address PATIENT 3325 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.2636	Nonpriority creditor's name and mailing address PATIENT 3326 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.99
3.2637	Nonpriority creditor's name and mailing address PATIENT 3327 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.99
3.2638	Nonpriority creditor's name and mailing address PATIENT 3328 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.99

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			Amount of claim
3.2639	Nonpriority creditor's name and mailing address PATIENT 3330 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.86
3.2640	Nonpriority creditor's name and mailing address PATIENT 3331 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.53
3.2641	Nonpriority creditor's name and mailing address PATIENT 3333 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.51
3.2642	Nonpriority creditor's name and mailing address PATIENT 3334 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.50
3.2643	Nonpriority creditor's name and mailing address PATIENT 3335 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.44

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			Amount of claim
3.2644	Nonpriority creditor's name and mailing address PATIENT 3336 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.44
3.2645	Nonpriority creditor's name and mailing address PATIENT 3337 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.44
3.2646	Nonpriority creditor's name and mailing address PATIENT 3338 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.42
3.2647	Nonpriority creditor's name and mailing address PATIENT 3339 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.42
3.2648	Nonpriority creditor's name and mailing address PATIENT 3340 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.39

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			Amount of claim
3.2649	Nonpriority creditor's name and mailing address PATIENT 3341 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.37
3.2650	Nonpriority creditor's name and mailing address PATIENT 3342 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.36
3.2651	Nonpriority creditor's name and mailing address PATIENT 3343 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.32
3.2652	Nonpriority creditor's name and mailing address PATIENT 3345 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.22
3.2653	Nonpriority creditor's name and mailing address PATIENT 3354 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00

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			Amount of claim
3.2654	Nonpriority creditor's name and mailing address PATIENT 3356 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.2655	Nonpriority creditor's name and mailing address PATIENT 3356 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.2656	Nonpriority creditor's name and mailing address PATIENT 3357 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.90
3.2657	Nonpriority creditor's name and mailing address PATIENT 3358 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.88
3.2658	Nonpriority creditor's name and mailing address PATIENT 3359 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.84

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			Amount of claim
3.2659	Nonpriority creditor's name and mailing address PATIENT 3360 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.78
3.2660	Nonpriority creditor's name and mailing address PATIENT 3361 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.76
3.2661	Nonpriority creditor's name and mailing address PATIENT 3362 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.66
3.2662	Nonpriority creditor's name and mailing address PATIENT 3366 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.34
3.2663	Nonpriority creditor's name and mailing address PATIENT 3367 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.21

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			Amount of claim
3.2664	Nonpriority creditor's name and mailing address PATIENT 3368 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.11
3.2665	Nonpriority creditor's name and mailing address PATIENT 3369 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.10
3.2666	Nonpriority creditor's name and mailing address PATIENT 3370 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.04
3.2667	Nonpriority creditor's name and mailing address PATIENT 3371 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.02
3.2668	Nonpriority creditor's name and mailing address PATIENT 3375 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.79

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			Amount of claim
3.2669	Nonpriority creditor's name and mailing address PATIENT 3376 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.64
3.2670	Nonpriority creditor's name and mailing address PATIENT 3378 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.58
3.2671	Nonpriority creditor's name and mailing address PATIENT 3381 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.45
3.2672	Nonpriority creditor's name and mailing address PATIENT 3382 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.42
3.2673	Nonpriority creditor's name and mailing address PATIENT 3385 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.31

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			Amount of claim
3.2674	Nonpriority creditor's name and mailing address PATIENT 3386 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.29
3.2675	Nonpriority creditor's name and mailing address PATIENT 3387 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.28
3.2676	Nonpriority creditor's name and mailing address PATIENT 3388 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.28
3.2677	Nonpriority creditor's name and mailing address PATIENT 3389 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.28
3.2678	Nonpriority creditor's name and mailing address PATIENT 3390 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.28

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			Amount of claim
3.2679	Nonpriority creditor's name and mailing address PATIENT 3391 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.21
3.2680	Nonpriority creditor's name and mailing address PATIENT 3393 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.19
3.2681	Nonpriority creditor's name and mailing address PATIENT 3394 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.16
3.2682	Nonpriority creditor's name and mailing address PATIENT 3395 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.15
3.2683	Nonpriority creditor's name and mailing address PATIENT 3396 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.04

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			Amount of claim
3.2684	Nonpriority creditor's name and mailing address PATIENT 3397 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.01
3.2685	Nonpriority creditor's name and mailing address PATIENT 3399 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.87
3.2686	Nonpriority creditor's name and mailing address PATIENT 3402 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.72
3.2687	Nonpriority creditor's name and mailing address PATIENT 3403 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.71
3.2688	Nonpriority creditor's name and mailing address PATIENT 3404 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.65

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			Amount of claim
3.2689	Nonpriority creditor's name and mailing address PATIENT 3405 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.34
3.2690	Nonpriority creditor's name and mailing address PATIENT 3406 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.34
3.2691	Nonpriority creditor's name and mailing address PATIENT 3407 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.02
3.2692	Nonpriority creditor's name and mailing address PATIENT 3409 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.00
3.2693	Nonpriority creditor's name and mailing address PATIENT 3413 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.77

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			Amount of claim
3.2694	Nonpriority creditor's name and mailing address PATIENT 3414 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.57
3.2695	Nonpriority creditor's name and mailing address PATIENT 3415 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.69
3.2696	Nonpriority creditor's name and mailing address PATIENT 3416 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.59
3.2697	Nonpriority creditor's name and mailing address PATIENT 3417 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.56
3.2698	Nonpriority creditor's name and mailing address PATIENT 3419 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.41

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			Amount of claim
3.2699	Nonpriority creditor's name and mailing address PATIENT 3420 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.09
3.2700	Nonpriority creditor's name and mailing address PATIENT 3421 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.03
3.2701	Nonpriority creditor's name and mailing address PATIENT 3422 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.03
3.2702	Nonpriority creditor's name and mailing address PATIENT 3423 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.03
3.2703	Nonpriority creditor's name and mailing address PATIENT 3424 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.03

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			Amount of claim
3.2704	Nonpriority creditor's name and mailing address PATIENT 3425 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.03
3.2705	Nonpriority creditor's name and mailing address PATIENT 3430 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2706	Nonpriority creditor's name and mailing address PATIENT 3431 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2707	Nonpriority creditor's name and mailing address PATIENT 3432 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2708	Nonpriority creditor's name and mailing address PATIENT 3433 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2709	Nonpriority creditor's name and mailing address PATIENT 3434 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2710	Nonpriority creditor's name and mailing address PATIENT 3435 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2711	Nonpriority creditor's name and mailing address PATIENT 3436 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2712	Nonpriority creditor's name and mailing address PATIENT 3438 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2713	Nonpriority creditor's name and mailing address PATIENT 3439 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2714	Nonpriority creditor's name and mailing address PATIENT 3440 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2715	Nonpriority creditor's name and mailing address PATIENT 3441 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2716	Nonpriority creditor's name and mailing address PATIENT 3442 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2717	Nonpriority creditor's name and mailing address PATIENT 3443 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2718	Nonpriority creditor's name and mailing address PATIENT 3446 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2719	Nonpriority creditor's name and mailing address PATIENT 3447 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2720	Nonpriority creditor's name and mailing address PATIENT 3448 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2721	Nonpriority creditor's name and mailing address PATIENT 3449 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2722	Nonpriority creditor's name and mailing address PATIENT 3450 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2723	Nonpriority creditor's name and mailing address PATIENT 3451 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2724	Nonpriority creditor's name and mailing address PATIENT 3452 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2725	Nonpriority creditor's name and mailing address PATIENT 3453 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2726	Nonpriority creditor's name and mailing address PATIENT 3454 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2727	Nonpriority creditor's name and mailing address PATIENT 3455 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2728	Nonpriority creditor's name and mailing address PATIENT 3456 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2729	Nonpriority creditor's name and mailing address PATIENT 3457 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2730	Nonpriority creditor's name and mailing address PATIENT 3458 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2731	Nonpriority creditor's name and mailing address PATIENT 3459 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2732	Nonpriority creditor's name and mailing address PATIENT 3460 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2733	Nonpriority creditor's name and mailing address PATIENT 3461 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2734	Nonpriority creditor's name and mailing address PATIENT 3462 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2735	Nonpriority creditor's name and mailing address PATIENT 3463 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2736	Nonpriority creditor's name and mailing address PATIENT 3464 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2737	Nonpriority creditor's name and mailing address PATIENT 3465 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2738	Nonpriority creditor's name and mailing address PATIENT 3466 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2739	Nonpriority creditor's name and mailing address PATIENT 3467 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2740	Nonpriority creditor's name and mailing address PATIENT 3468 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2741	Nonpriority creditor's name and mailing address PATIENT 3469 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2742	Nonpriority creditor's name and mailing address PATIENT 3470 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2743	Nonpriority creditor's name and mailing address PATIENT 3471 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2744	Nonpriority creditor's name and mailing address PATIENT 3472 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2745	Nonpriority creditor's name and mailing address PATIENT 3473 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2746	Nonpriority creditor's name and mailing address PATIENT 3474 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2747	Nonpriority creditor's name and mailing address PATIENT 3475 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2748	Nonpriority creditor's name and mailing address PATIENT 3476 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2749	Nonpriority creditor's name and mailing address PATIENT 3477 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2750	Nonpriority creditor's name and mailing address PATIENT 3478 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2751	Nonpriority creditor's name and mailing address PATIENT 3479 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2752	Nonpriority creditor's name and mailing address PATIENT 3480 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.94
3.2753	Nonpriority creditor's name and mailing address PATIENT 3481 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.86

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			Amount of claim
3.2754	Nonpriority creditor's name and mailing address PATIENT 3482 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.80
3.2755	Nonpriority creditor's name and mailing address PATIENT 3483 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.79
3.2756	Nonpriority creditor's name and mailing address PATIENT 3484 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.62
3.2757	Nonpriority creditor's name and mailing address PATIENT 3485 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.60
3.2758	Nonpriority creditor's name and mailing address PATIENT 3488 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.57

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			Amount of claim
3.2759	Nonpriority creditor's name and mailing address PATIENT 3491 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.40
3.2760	Nonpriority creditor's name and mailing address PATIENT 3493 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.35
3.2761	Nonpriority creditor's name and mailing address PATIENT 3494 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.35
3.2762	Nonpriority creditor's name and mailing address PATIENT 3495 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.35
3.2763	Nonpriority creditor's name and mailing address PATIENT 3496 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.31

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			Amount of claim
3.2764	Nonpriority creditor's name and mailing address PATIENT 3497 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.22
3.2765	Nonpriority creditor's name and mailing address PATIENT 3498 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.21
3.2766	Nonpriority creditor's name and mailing address PATIENT 3499 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.21
3.2767	Nonpriority creditor's name and mailing address PATIENT 3501 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.19
3.2768	Nonpriority creditor's name and mailing address PATIENT 3502 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.16

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			Amount of claim
3.2769	Nonpriority creditor's name and mailing address PATIENT 3503 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.10
3.2770	Nonpriority creditor's name and mailing address PATIENT 3505 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.00
3.2771	Nonpriority creditor's name and mailing address PATIENT 3506 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.00
3.2772	Nonpriority creditor's name and mailing address PATIENT 3507 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.96
3.2773	Nonpriority creditor's name and mailing address PATIENT 3509 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.80

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			Amount of claim
3.2774	Nonpriority creditor's name and mailing address PATIENT 3510 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.73
3.2775	Nonpriority creditor's name and mailing address PATIENT 3512 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.58
3.2776	Nonpriority creditor's name and mailing address PATIENT 3513 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.50
3.2777	Nonpriority creditor's name and mailing address PATIENT 3514 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.45
3.2778	Nonpriority creditor's name and mailing address PATIENT 3515 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.40

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			Amount of claim
3.2779	Nonpriority creditor's name and mailing address PATIENT 3518 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.03
3.2780	Nonpriority creditor's name and mailing address PATIENT 3519 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.00
3.2781	Nonpriority creditor's name and mailing address PATIENT 3520 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.96
3.2782	Nonpriority creditor's name and mailing address PATIENT 3521 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.92
3.2783	Nonpriority creditor's name and mailing address PATIENT 3522 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.86

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			Amount of claim
3.2784	Nonpriority creditor's name and mailing address PATIENT 3523 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.86
3.2785	Nonpriority creditor's name and mailing address PATIENT 3524 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.79
3.2786	Nonpriority creditor's name and mailing address PATIENT 3525 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.71
3.2787	Nonpriority creditor's name and mailing address PATIENT 3526 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.69
3.2788	Nonpriority creditor's name and mailing address PATIENT 3527 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.54

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			Amount of claim
3.2789	Nonpriority creditor's name and mailing address PATIENT 3528 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.51
3.2790	Nonpriority creditor's name and mailing address PATIENT 3529 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.49
3.2791	Nonpriority creditor's name and mailing address PATIENT 3530 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.94
3.2792	Nonpriority creditor's name and mailing address PATIENT 3531 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.35
3.2793	Nonpriority creditor's name and mailing address PATIENT 3532 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.29

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			Amount of claim
3.2794	Nonpriority creditor's name and mailing address PATIENT 3534 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.25
3.2795	Nonpriority creditor's name and mailing address PATIENT 3535 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.25
3.2796	Nonpriority creditor's name and mailing address PATIENT 3536 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.25
3.2797	Nonpriority creditor's name and mailing address PATIENT 3537 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.25
3.2798	Nonpriority creditor's name and mailing address PATIENT 3538 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.25

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			Amount of claim
3.2799	Nonpriority creditor's name and mailing address PATIENT 3539 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.22
3.2800	Nonpriority creditor's name and mailing address PATIENT 3543 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.00
3.2801	Nonpriority creditor's name and mailing address PATIENT 3544 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.00
3.2802	Nonpriority creditor's name and mailing address PATIENT 3545 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.00
3.2803	Nonpriority creditor's name and mailing address PATIENT 3546 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.91

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			Amount of claim
3.2804	Nonpriority creditor's name and mailing address PATIENT 3548 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.87
3.2805	Nonpriority creditor's name and mailing address PATIENT 3549 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.69
3.2806	Nonpriority creditor's name and mailing address PATIENT 3551 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.68
3.2807	Nonpriority creditor's name and mailing address PATIENT 3552 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.66
3.2808	Nonpriority creditor's name and mailing address PATIENT 3553 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.66

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			Amount of claim
3.2809	Nonpriority creditor's name and mailing address PATIENT 3555 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.60
3.2810	Nonpriority creditor's name and mailing address PATIENT 3556 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.60
3.2811	Nonpriority creditor's name and mailing address PATIENT 3557 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.52
3.2812	Nonpriority creditor's name and mailing address PATIENT 3558 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.45
3.2813	Nonpriority creditor's name and mailing address PATIENT 3559 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.43

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			Amount of claim
3.2814	Nonpriority creditor's name and mailing address PATIENT 3560 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.40
3.2815	Nonpriority creditor's name and mailing address PATIENT 3562 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.21
3.2816	Nonpriority creditor's name and mailing address PATIENT 3563 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.17
3.2817	Nonpriority creditor's name and mailing address PATIENT 3564 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.06
3.2818	Nonpriority creditor's name and mailing address PATIENT 3565 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.00

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			Amount of claim
3.2819	Nonpriority creditor's name and mailing address PATIENT 3568 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.93
3.2820	Nonpriority creditor's name and mailing address PATIENT 3569 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.93
3.2821	Nonpriority creditor's name and mailing address PATIENT 3570 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.93
3.2822	Nonpriority creditor's name and mailing address PATIENT 3571 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.90
3.2823	Nonpriority creditor's name and mailing address PATIENT 3573 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.85

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			Amount of claim
3.2824	Nonpriority creditor's name and mailing address PATIENT 3574 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.80
3.2825	Nonpriority creditor's name and mailing address PATIENT 3575 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.80
3.2826	Nonpriority creditor's name and mailing address PATIENT 3576 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.80
3.2827	Nonpriority creditor's name and mailing address PATIENT 3578 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.72
3.2828	Nonpriority creditor's name and mailing address PATIENT 3579 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.68

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			Amount of claim
3.2829	Nonpriority creditor's name and mailing address PATIENT 3580 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.66
3.2830	Nonpriority creditor's name and mailing address PATIENT 3581 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.59
3.2831	Nonpriority creditor's name and mailing address PATIENT 3582 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.50
3.2832	Nonpriority creditor's name and mailing address PATIENT 3583 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.41
3.2833	Nonpriority creditor's name and mailing address PATIENT 3585 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.35

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			Amount of claim
3.2834	Nonpriority creditor's name and mailing address PATIENT 3586 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.34
3.2835	Nonpriority creditor's name and mailing address PATIENT 3587 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.33
3.2836	Nonpriority creditor's name and mailing address PATIENT 3588 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.12
3.2837	Nonpriority creditor's name and mailing address PATIENT 3589 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.32
3.2838	Nonpriority creditor's name and mailing address PATIENT 3590 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.29

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			Amount of claim
3.2839	Nonpriority creditor's name and mailing address PATIENT 3591 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.29
3.2840	Nonpriority creditor's name and mailing address PATIENT 3592 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.28
3.2841	Nonpriority creditor's name and mailing address PATIENT 3593 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.24
3.2842	Nonpriority creditor's name and mailing address PATIENT 3594 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.15
3.2843	Nonpriority creditor's name and mailing address PATIENT 3596 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.03

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			Amount of claim
3.2844	Nonpriority creditor's name and mailing address PATIENT 3605 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2845	Nonpriority creditor's name and mailing address PATIENT 3606 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2846	Nonpriority creditor's name and mailing address PATIENT 3607 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2847	Nonpriority creditor's name and mailing address PATIENT 3608 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2848	Nonpriority creditor's name and mailing address PATIENT 3609 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2849	Nonpriority creditor's name and mailing address PATIENT 3610 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2850	Nonpriority creditor's name and mailing address PATIENT 3611 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2851	Nonpriority creditor's name and mailing address PATIENT 3612 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2852	Nonpriority creditor's name and mailing address PATIENT 3613 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2853	Nonpriority creditor's name and mailing address PATIENT 3614 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2854	Nonpriority creditor's name and mailing address PATIENT 3615 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2855	Nonpriority creditor's name and mailing address PATIENT 3616 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2856	Nonpriority creditor's name and mailing address PATIENT 3617 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2857	Nonpriority creditor's name and mailing address PATIENT 3618 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2858	Nonpriority creditor's name and mailing address PATIENT 3619 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2859	Nonpriority creditor's name and mailing address PATIENT 3620 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2860	Nonpriority creditor's name and mailing address PATIENT 3621 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2861	Nonpriority creditor's name and mailing address PATIENT 3622 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2862	Nonpriority creditor's name and mailing address PATIENT 3623 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2863	Nonpriority creditor's name and mailing address PATIENT 3624 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2864	Nonpriority creditor's name and mailing address PATIENT 3625 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2865	Nonpriority creditor's name and mailing address PATIENT 3626 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2866	Nonpriority creditor's name and mailing address PATIENT 3627 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2867	Nonpriority creditor's name and mailing address PATIENT 3628 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2868	Nonpriority creditor's name and mailing address PATIENT 3629 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2869	Nonpriority creditor's name and mailing address PATIENT 3630 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2870	Nonpriority creditor's name and mailing address PATIENT 3631 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2871	Nonpriority creditor's name and mailing address PATIENT 3632 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2872	Nonpriority creditor's name and mailing address PATIENT 3633 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2873	Nonpriority creditor's name and mailing address PATIENT 3634 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2874	Nonpriority creditor's name and mailing address PATIENT 3635 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2875	Nonpriority creditor's name and mailing address PATIENT 3636 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2876	Nonpriority creditor's name and mailing address PATIENT 3637 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2877	Nonpriority creditor's name and mailing address PATIENT 3638 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2878	Nonpriority creditor's name and mailing address PATIENT 3639 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2879	Nonpriority creditor's name and mailing address PATIENT 3640 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.2880	Nonpriority creditor's name and mailing address PATIENT 3641 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2881	Nonpriority creditor's name and mailing address PATIENT 3642 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2882	Nonpriority creditor's name and mailing address PATIENT 3643 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2883	Nonpriority creditor's name and mailing address PATIENT 3644 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2884	Nonpriority creditor's name and mailing address PATIENT 3645 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2885	Nonpriority creditor's name and mailing address PATIENT 3646 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.22
3.2886	Nonpriority creditor's name and mailing address PATIENT 3647 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2887	Nonpriority creditor's name and mailing address PATIENT 3649 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2888	Nonpriority creditor's name and mailing address PATIENT 3650 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2889	Nonpriority creditor's name and mailing address PATIENT 3651 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2890	Nonpriority creditor's name and mailing address PATIENT 3652 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2891	Nonpriority creditor's name and mailing address PATIENT 3653 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2892	Nonpriority creditor's name and mailing address PATIENT 3654 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2893	Nonpriority creditor's name and mailing address PATIENT 3656 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2894	Nonpriority creditor's name and mailing address PATIENT 3657 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2895	Nonpriority creditor's name and mailing address PATIENT 3658 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2896	Nonpriority creditor's name and mailing address PATIENT 3659 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2897	Nonpriority creditor's name and mailing address PATIENT 3661 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2898	Nonpriority creditor's name and mailing address PATIENT 3662 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2899	Nonpriority creditor's name and mailing address PATIENT 3663 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2900	Nonpriority creditor's name and mailing address PATIENT 3664 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2901	Nonpriority creditor's name and mailing address PATIENT 3665 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2902	Nonpriority creditor's name and mailing address PATIENT 3666 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2903	Nonpriority creditor's name and mailing address PATIENT 3667 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2904	Nonpriority creditor's name and mailing address PATIENT 3668 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2905	Nonpriority creditor's name and mailing address PATIENT 3669 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2906	Nonpriority creditor's name and mailing address PATIENT 3670 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2907	Nonpriority creditor's name and mailing address PATIENT 3671 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2908	Nonpriority creditor's name and mailing address PATIENT 3672 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2909	Nonpriority creditor's name and mailing address PATIENT 3673 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2910	Nonpriority creditor's name and mailing address PATIENT 3674 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2911	Nonpriority creditor's name and mailing address PATIENT 3675 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2912	Nonpriority creditor's name and mailing address PATIENT 3676 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2913	Nonpriority creditor's name and mailing address PATIENT 3677 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2914	Nonpriority creditor's name and mailing address PATIENT 3678 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2915	Nonpriority creditor's name and mailing address PATIENT 3679 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2916	Nonpriority creditor's name and mailing address PATIENT 3680 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2917	Nonpriority creditor's name and mailing address PATIENT 3681 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2918	Nonpriority creditor's name and mailing address PATIENT 3683 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2919	Nonpriority creditor's name and mailing address PATIENT 3684 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2920	Nonpriority creditor's name and mailing address PATIENT 3685 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2921	Nonpriority creditor's name and mailing address PATIENT 3686 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2922	Nonpriority creditor's name and mailing address PATIENT 3687 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2923	Nonpriority creditor's name and mailing address PATIENT 3688 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2924	Nonpriority creditor's name and mailing address PATIENT 3689 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2925	Nonpriority creditor's name and mailing address PATIENT 3690 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2926	Nonpriority creditor's name and mailing address PATIENT 3691 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2927	Nonpriority creditor's name and mailing address PATIENT 3692 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2928	Nonpriority creditor's name and mailing address PATIENT 3693 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2929	Nonpriority creditor's name and mailing address PATIENT 3694 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2930	Nonpriority creditor's name and mailing address PATIENT 3695 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2931	Nonpriority creditor's name and mailing address PATIENT 3696 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2932	Nonpriority creditor's name and mailing address PATIENT 3697 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2933	Nonpriority creditor's name and mailing address PATIENT 3698 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2934	Nonpriority creditor's name and mailing address PATIENT 3699 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2935	Nonpriority creditor's name and mailing address PATIENT 3700 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2936	Nonpriority creditor's name and mailing address PATIENT 3701 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2937	Nonpriority creditor's name and mailing address PATIENT 3702 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2938	Nonpriority creditor's name and mailing address PATIENT 3703 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2939	Nonpriority creditor's name and mailing address PATIENT 3704 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2940	Nonpriority creditor's name and mailing address PATIENT 3705 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2941	Nonpriority creditor's name and mailing address PATIENT 3706 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2942	Nonpriority creditor's name and mailing address PATIENT 3707 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2943	Nonpriority creditor's name and mailing address PATIENT 3708 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2944	Nonpriority creditor's name and mailing address PATIENT 3709 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2945	Nonpriority creditor's name and mailing address PATIENT 3710 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2946	Nonpriority creditor's name and mailing address PATIENT 3711 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2947	Nonpriority creditor's name and mailing address PATIENT 3712 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2948	Nonpriority creditor's name and mailing address PATIENT 3713 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2949	Nonpriority creditor's name and mailing address PATIENT 3714 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2950	Nonpriority creditor's name and mailing address PATIENT 3715 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2951	Nonpriority creditor's name and mailing address PATIENT 3716 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2952	Nonpriority creditor's name and mailing address PATIENT 3717 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2953	Nonpriority creditor's name and mailing address PATIENT 3718 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2954	Nonpriority creditor's name and mailing address PATIENT 3719 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2955	Nonpriority creditor's name and mailing address PATIENT 3720 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2956	Nonpriority creditor's name and mailing address PATIENT 3721 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2957	Nonpriority creditor's name and mailing address PATIENT 3722 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2958	Nonpriority creditor's name and mailing address PATIENT 3723 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2959	Nonpriority creditor's name and mailing address PATIENT 3724 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2960	Nonpriority creditor's name and mailing address PATIENT 3725 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2961	Nonpriority creditor's name and mailing address PATIENT 3726 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2962	Nonpriority creditor's name and mailing address PATIENT 3727 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2963	Nonpriority creditor's name and mailing address PATIENT 3728 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2964	Nonpriority creditor's name and mailing address PATIENT 3729 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2965	Nonpriority creditor's name and mailing address PATIENT 3730 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2966	Nonpriority creditor's name and mailing address PATIENT 3731 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2967	Nonpriority creditor's name and mailing address PATIENT 3732 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2968	Nonpriority creditor's name and mailing address PATIENT 3733 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2969	Nonpriority creditor's name and mailing address PATIENT 3734 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2970	Nonpriority creditor's name and mailing address PATIENT 3735 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2971	Nonpriority creditor's name and mailing address PATIENT 3736 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2972	Nonpriority creditor's name and mailing address PATIENT 3737 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2973	Nonpriority creditor's name and mailing address PATIENT 3738 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2974	Nonpriority creditor's name and mailing address PATIENT 3739 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2975	Nonpriority creditor's name and mailing address PATIENT 3740 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2976	Nonpriority creditor's name and mailing address PATIENT 3741 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2977	Nonpriority creditor's name and mailing address PATIENT 3742 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2978	Nonpriority creditor's name and mailing address PATIENT 3743 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2979	Nonpriority creditor's name and mailing address PATIENT 3744 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2980	Nonpriority creditor's name and mailing address PATIENT 3745 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2981	Nonpriority creditor's name and mailing address PATIENT 3746 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2982	Nonpriority creditor's name and mailing address PATIENT 3747 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2983	Nonpriority creditor's name and mailing address PATIENT 3748 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2984	Nonpriority creditor's name and mailing address PATIENT 3749 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2985	Nonpriority creditor's name and mailing address PATIENT 3750 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2986	Nonpriority creditor's name and mailing address PATIENT 3751 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2987	Nonpriority creditor's name and mailing address PATIENT 3752 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2988	Nonpriority creditor's name and mailing address PATIENT 3753 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2989	Nonpriority creditor's name and mailing address PATIENT 3754 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2990	Nonpriority creditor's name and mailing address PATIENT 3755 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2991	Nonpriority creditor's name and mailing address PATIENT 3757 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2992	Nonpriority creditor's name and mailing address PATIENT 3758 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2993	Nonpriority creditor's name and mailing address PATIENT 3759 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

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			Amount of claim
3.2994	Nonpriority creditor's name and mailing address PATIENT 3760 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2995	Nonpriority creditor's name and mailing address PATIENT 3761 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2996	Nonpriority creditor's name and mailing address PATIENT 3762 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2997	Nonpriority creditor's name and mailing address PATIENT 3763 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.2998	Nonpriority creditor's name and mailing address PATIENT 3764 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00

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			Amount of claim
3.2999	Nonpriority creditor's name and mailing address PATIENT 3765 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.3000	Nonpriority creditor's name and mailing address PATIENT 3767 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.99
3.3001	Nonpriority creditor's name and mailing address PATIENT 3768 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.99
3.3002	Nonpriority creditor's name and mailing address PATIENT 3769 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.99
3.3003	Nonpriority creditor's name and mailing address PATIENT 3770 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.95

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			Amount of claim
3.3004	Nonpriority creditor's name and mailing address PATIENT 3771 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.95
3.3005	Nonpriority creditor's name and mailing address PATIENT 3772 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.95
3.3006	Nonpriority creditor's name and mailing address PATIENT 3773 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.95
3.3007	Nonpriority creditor's name and mailing address PATIENT 3774 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.95
3.3008	Nonpriority creditor's name and mailing address PATIENT 3775 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.95

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			Amount of claim
3.3009	Nonpriority creditor's name and mailing address PATIENT 3776 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.92
3.3010	Nonpriority creditor's name and mailing address PATIENT 3777 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.88
3.3011	Nonpriority creditor's name and mailing address PATIENT 3778 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.85
3.3012	Nonpriority creditor's name and mailing address PATIENT 3779 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.80
3.3013	Nonpriority creditor's name and mailing address PATIENT 3780 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.80

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			Amount of claim
3.3014	Nonpriority creditor's name and mailing address PATIENT 3781 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.78
3.3015	Nonpriority creditor's name and mailing address PATIENT 3782 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.77
3.3016	Nonpriority creditor's name and mailing address PATIENT 3783 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.76
3.3017	Nonpriority creditor's name and mailing address PATIENT 3784 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.76
3.3018	Nonpriority creditor's name and mailing address PATIENT 3792 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.73

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			Amount of claim
3.3019	Nonpriority creditor's name and mailing address PATIENT 3793 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.73
3.3020	Nonpriority creditor's name and mailing address PATIENT 3794 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3021	Nonpriority creditor's name and mailing address PATIENT 3795 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3022	Nonpriority creditor's name and mailing address PATIENT 3796 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3023	Nonpriority creditor's name and mailing address PATIENT 3797 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70

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			Amount of claim
3.3024	Nonpriority creditor's name and mailing address PATIENT 3798 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3025	Nonpriority creditor's name and mailing address PATIENT 3799 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3026	Nonpriority creditor's name and mailing address PATIENT 3800 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3027	Nonpriority creditor's name and mailing address PATIENT 3801 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3028	Nonpriority creditor's name and mailing address PATIENT 3802 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70

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			Amount of claim
3.3029	Nonpriority creditor's name and mailing address PATIENT 3803 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3030	Nonpriority creditor's name and mailing address PATIENT 3804 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3031	Nonpriority creditor's name and mailing address PATIENT 3805 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.70
3.3032	Nonpriority creditor's name and mailing address PATIENT 3807 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.64
3.3033	Nonpriority creditor's name and mailing address PATIENT 3808 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.55

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			Amount of claim
3.3034	Nonpriority creditor's name and mailing address PATIENT 3809 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.48
3.3035	Nonpriority creditor's name and mailing address PATIENT 3810 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.48
3.3036	Nonpriority creditor's name and mailing address PATIENT 3812 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.40
3.3037	Nonpriority creditor's name and mailing address PATIENT 3814 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.28
3.3038	Nonpriority creditor's name and mailing address PATIENT 3815 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.27

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			Amount of claim
3.3039	Nonpriority creditor's name and mailing address PATIENT 3816 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.25
3.3040	Nonpriority creditor's name and mailing address PATIENT 3817 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.20
3.3041	Nonpriority creditor's name and mailing address PATIENT 3818 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.06
3.3042	Nonpriority creditor's name and mailing address PATIENT 3819 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3043	Nonpriority creditor's name and mailing address PATIENT 3820 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00

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			Amount of claim
3.3044	Nonpriority creditor's name and mailing address PATIENT 3821 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3045	Nonpriority creditor's name and mailing address PATIENT 3822 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3046	Nonpriority creditor's name and mailing address PATIENT 3823 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3047	Nonpriority creditor's name and mailing address PATIENT 3824 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3048	Nonpriority creditor's name and mailing address PATIENT 3825 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00

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			Amount of claim
3.3049	Nonpriority creditor's name and mailing address PATIENT 3826 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3050	Nonpriority creditor's name and mailing address PATIENT 3827 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3051	Nonpriority creditor's name and mailing address PATIENT 3828 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3052	Nonpriority creditor's name and mailing address PATIENT 3829 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3053	Nonpriority creditor's name and mailing address PATIENT 3830 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00

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			Amount of claim
3.3054	Nonpriority creditor's name and mailing address PATIENT 3831 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3055	Nonpriority creditor's name and mailing address PATIENT 3832 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3056	Nonpriority creditor's name and mailing address PATIENT 3833 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3057	Nonpriority creditor's name and mailing address PATIENT 3834 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3058	Nonpriority creditor's name and mailing address PATIENT 3835 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00

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			Amount of claim
3.3059	Nonpriority creditor's name and mailing address PATIENT 3836 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.00
3.3060	Nonpriority creditor's name and mailing address PATIENT 3838 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.82
3.3061	Nonpriority creditor's name and mailing address PATIENT 3839 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.78
3.3062	Nonpriority creditor's name and mailing address PATIENT 3840 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.72
3.3063	Nonpriority creditor's name and mailing address PATIENT 3841 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.66

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			Amount of claim
3.3064	Nonpriority creditor's name and mailing address PATIENT 3842 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.62
3.3065	Nonpriority creditor's name and mailing address PATIENT 3843 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.51
3.3066	Nonpriority creditor's name and mailing address PATIENT 3844 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.50
3.3067	Nonpriority creditor's name and mailing address PATIENT 3845 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.18
3.3068	Nonpriority creditor's name and mailing address PATIENT 3846 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.39

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			Amount of claim
3.3069	Nonpriority creditor's name and mailing address PATIENT 3847 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.24
3.3070	Nonpriority creditor's name and mailing address PATIENT 3848 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.24
3.3071	Nonpriority creditor's name and mailing address PATIENT 3849 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.24
3.3072	Nonpriority creditor's name and mailing address PATIENT 3850 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.21
3.3073	Nonpriority creditor's name and mailing address PATIENT 3851 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.08

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			Amount of claim
3.3074	Nonpriority creditor's name and mailing address PATIENT 3853 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.00
3.3075	Nonpriority creditor's name and mailing address PATIENT 3854 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.00
3.3076	Nonpriority creditor's name and mailing address PATIENT 3855 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.00
3.3077	Nonpriority creditor's name and mailing address PATIENT 3856 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.00
3.3078	Nonpriority creditor's name and mailing address PATIENT 3857 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.00

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			Amount of claim
3.3079	Nonpriority creditor's name and mailing address PATIENT 3858 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.96
3.3080	Nonpriority creditor's name and mailing address PATIENT 3859 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.90
3.3081	Nonpriority creditor's name and mailing address PATIENT 3860 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.87
3.3082	Nonpriority creditor's name and mailing address PATIENT 3861 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.87
3.3083	Nonpriority creditor's name and mailing address PATIENT 3862 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.81

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			Amount of claim
3.3084	Nonpriority creditor's name and mailing address PATIENT 3863 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.73
3.3085	Nonpriority creditor's name and mailing address PATIENT 3864 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.71
3.3086	Nonpriority creditor's name and mailing address PATIENT 3865 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.68
3.3087	Nonpriority creditor's name and mailing address PATIENT 3866 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.68
3.3088	Nonpriority creditor's name and mailing address PATIENT 3868 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.62

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			Amount of claim
3.3089	Nonpriority creditor's name and mailing address PATIENT 3869 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.60
3.3090	Nonpriority creditor's name and mailing address PATIENT 3870 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.60
3.3091	Nonpriority creditor's name and mailing address PATIENT 3871 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.57
3.3092	Nonpriority creditor's name and mailing address PATIENT 3872 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.45
3.3093	Nonpriority creditor's name and mailing address PATIENT 3873 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.43

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			Amount of claim
3.3094	Nonpriority creditor's name and mailing address PATIENT 3874 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.41
3.3095	Nonpriority creditor's name and mailing address PATIENT 3875 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.38
3.3096	Nonpriority creditor's name and mailing address PATIENT 3878 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.08
3.3097	Nonpriority creditor's name and mailing address PATIENT 3880 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.07
3.3098	Nonpriority creditor's name and mailing address PATIENT 3882 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.00

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			Amount of claim
3.3099	Nonpriority creditor's name and mailing address PATIENT 3883 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.96
3.3100	Nonpriority creditor's name and mailing address PATIENT 3884 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.90
3.3101	Nonpriority creditor's name and mailing address PATIENT 3885 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.87
3.3102	Nonpriority creditor's name and mailing address PATIENT 3886 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.85
3.3103	Nonpriority creditor's name and mailing address PATIENT 3887 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.80

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			Amount of claim
3.3104	Nonpriority creditor's name and mailing address PATIENT 3889 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.72
3.3105	Nonpriority creditor's name and mailing address PATIENT 3890 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.71
3.3106	Nonpriority creditor's name and mailing address PATIENT 3891 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.71
3.3107	Nonpriority creditor's name and mailing address PATIENT 3892 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.49
3.3108	Nonpriority creditor's name and mailing address PATIENT 3893 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.46

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			Amount of claim
3.3109	Nonpriority creditor's name and mailing address PATIENT 3894 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.40
3.3110	Nonpriority creditor's name and mailing address PATIENT 3895 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.33
3.3111	Nonpriority creditor's name and mailing address PATIENT 3897 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.27
3.3112	Nonpriority creditor's name and mailing address PATIENT 3899 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.27
3.3113	Nonpriority creditor's name and mailing address PATIENT 3901 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.12

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			Amount of claim
3.3114	Nonpriority creditor's name and mailing address PATIENT 3902 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.11
3.3115	Nonpriority creditor's name and mailing address PATIENT 3903 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.09
3.3116	Nonpriority creditor's name and mailing address PATIENT 3904 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.03
3.3117	Nonpriority creditor's name and mailing address PATIENT 3905 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3118	Nonpriority creditor's name and mailing address PATIENT 3906 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00

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			Amount of claim
3.3119	Nonpriority creditor's name and mailing address PATIENT 3907 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3120	Nonpriority creditor's name and mailing address PATIENT 3908 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3121	Nonpriority creditor's name and mailing address PATIENT 3909 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3122	Nonpriority creditor's name and mailing address PATIENT 3910 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3123	Nonpriority creditor's name and mailing address PATIENT 3911 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00

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			Amount of claim
3.3124	Nonpriority creditor's name and mailing address PATIENT 3912 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3125	Nonpriority creditor's name and mailing address PATIENT 3913 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3126	Nonpriority creditor's name and mailing address PATIENT 3914 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3127	Nonpriority creditor's name and mailing address PATIENT 3916 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3128	Nonpriority creditor's name and mailing address PATIENT 3917 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00

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			Amount of claim
3.3129	Nonpriority creditor's name and mailing address PATIENT 3918 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3130	Nonpriority creditor's name and mailing address PATIENT 3919 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3131	Nonpriority creditor's name and mailing address PATIENT 3920 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.3132	Nonpriority creditor's name and mailing address PATIENT 3921 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.99
3.3133	Nonpriority creditor's name and mailing address PATIENT 3922 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.99

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			Amount of claim
3.3134	Nonpriority creditor's name and mailing address PATIENT 3923 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.98
3.3135	Nonpriority creditor's name and mailing address PATIENT 3924 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.98
3.3136	Nonpriority creditor's name and mailing address PATIENT 3925 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.91
3.3137	Nonpriority creditor's name and mailing address PATIENT 3926 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.73
3.3138	Nonpriority creditor's name and mailing address PATIENT 3928 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.69

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			Amount of claim
3.3139	Nonpriority creditor's name and mailing address PATIENT 3929 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.67
3.3140	Nonpriority creditor's name and mailing address PATIENT 3930 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.67
3.3141	Nonpriority creditor's name and mailing address PATIENT 3932 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.58
3.3142	Nonpriority creditor's name and mailing address PATIENT 3933 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.56
3.3143	Nonpriority creditor's name and mailing address PATIENT 3934 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.56

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		Amount of claim
3.3144	Nonpriority creditor's name and mailing address PATIENT 3935 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3145	Nonpriority creditor's name and mailing address PATIENT 3937 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3146	Nonpriority creditor's name and mailing address PATIENT 3938 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3147	Nonpriority creditor's name and mailing address PATIENT 3939 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3148	Nonpriority creditor's name and mailing address PATIENT 3941 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3149	Nonpriority creditor's name and mailing address PATIENT 3942 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.45
3.3150	Nonpriority creditor's name and mailing address PATIENT 3943 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.45
3.3151	Nonpriority creditor's name and mailing address PATIENT 3944 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.27
3.3152	Nonpriority creditor's name and mailing address PATIENT 3946 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.26
3.3153	Nonpriority creditor's name and mailing address PATIENT 3950 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.24

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			Amount of claim
3.3154	Nonpriority creditor's name and mailing address PATIENT 3952 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.19
3.3155	Nonpriority creditor's name and mailing address PATIENT 3953 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.07
3.3156	Nonpriority creditor's name and mailing address PATIENT 3966 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3157	Nonpriority creditor's name and mailing address PATIENT 3967 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3158	Nonpriority creditor's name and mailing address PATIENT 3968 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3159	Nonpriority creditor's name and mailing address PATIENT 3969 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3160	Nonpriority creditor's name and mailing address PATIENT 3970 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.3161	Nonpriority creditor's name and mailing address PATIENT 3972 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3162	Nonpriority creditor's name and mailing address PATIENT 3973 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3163	Nonpriority creditor's name and mailing address PATIENT 3974 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3164	Nonpriority creditor's name and mailing address PATIENT 3975 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3165	Nonpriority creditor's name and mailing address PATIENT 3977 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3166	Nonpriority creditor's name and mailing address PATIENT 3978 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3167	Nonpriority creditor's name and mailing address PATIENT 3979 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3168	Nonpriority creditor's name and mailing address PATIENT 3981 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3169	Nonpriority creditor's name and mailing address PATIENT 3982 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3170	Nonpriority creditor's name and mailing address PATIENT 3983 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3171	Nonpriority creditor's name and mailing address PATIENT 3984 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3172	Nonpriority creditor's name and mailing address PATIENT 3985 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3173	Nonpriority creditor's name and mailing address PATIENT 3986 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3174	Nonpriority creditor's name and mailing address PATIENT 3988 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3175	Nonpriority creditor's name and mailing address PATIENT 3989 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3176	Nonpriority creditor's name and mailing address PATIENT 3990 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3177	Nonpriority creditor's name and mailing address PATIENT 3991 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3178	Nonpriority creditor's name and mailing address PATIENT 3992 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3179	Nonpriority creditor's name and mailing address PATIENT 3993 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3180	Nonpriority creditor's name and mailing address PATIENT 3994 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3181	Nonpriority creditor's name and mailing address PATIENT 3995 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3182	Nonpriority creditor's name and mailing address PATIENT 3996 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3183	Nonpriority creditor's name and mailing address PATIENT 3997 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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		Amount of claim
3.3184	Nonpriority creditor's name and mailing address PATIENT 3998 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3185	Nonpriority creditor's name and mailing address PATIENT 3999 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3186	Nonpriority creditor's name and mailing address PATIENT 4000 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3187	Nonpriority creditor's name and mailing address PATIENT 4001 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3188	Nonpriority creditor's name and mailing address PATIENT 4002 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3189	Nonpriority creditor's name and mailing address PATIENT 4003 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3190	Nonpriority creditor's name and mailing address PATIENT 4004 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3191	Nonpriority creditor's name and mailing address PATIENT 4005 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3192	Nonpriority creditor's name and mailing address PATIENT 4006 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3193	Nonpriority creditor's name and mailing address PATIENT 4007 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3194	Nonpriority creditor's name and mailing address PATIENT 4008 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3195	Nonpriority creditor's name and mailing address PATIENT 4009 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3196	Nonpriority creditor's name and mailing address PATIENT 4010 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3197	Nonpriority creditor's name and mailing address PATIENT 4011 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3198	Nonpriority creditor's name and mailing address PATIENT 4012 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3199	Nonpriority creditor's name and mailing address PATIENT 4013 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3200	Nonpriority creditor's name and mailing address PATIENT 4014 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3201	Nonpriority creditor's name and mailing address PATIENT 4015 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3202	Nonpriority creditor's name and mailing address PATIENT 4016 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3203	Nonpriority creditor's name and mailing address PATIENT 4017 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3204	Nonpriority creditor's name and mailing address PATIENT 4018 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3205	Nonpriority creditor's name and mailing address PATIENT 4019 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3206	Nonpriority creditor's name and mailing address PATIENT 4020 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3207	Nonpriority creditor's name and mailing address PATIENT 4021 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3208	Nonpriority creditor's name and mailing address PATIENT 4022 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3209	Nonpriority creditor's name and mailing address PATIENT 4023 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3210	Nonpriority creditor's name and mailing address PATIENT 4024 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3211	Nonpriority creditor's name and mailing address PATIENT 4026 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3212	Nonpriority creditor's name and mailing address PATIENT 4027 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3213	Nonpriority creditor's name and mailing address PATIENT 4028 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00

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			Amount of claim
3.3214	Nonpriority creditor's name and mailing address PATIENT 4029 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.99
3.3215	Nonpriority creditor's name and mailing address PATIENT 4030 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.93
3.3216	Nonpriority creditor's name and mailing address PATIENT 4032 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.86
3.3217	Nonpriority creditor's name and mailing address PATIENT 4033 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.85
3.3218	Nonpriority creditor's name and mailing address PATIENT 4034 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.72

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			Amount of claim
3.3219	Nonpriority creditor's name and mailing address PATIENT 4035 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.71
3.3220	Nonpriority creditor's name and mailing address PATIENT 4036 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.66
3.3221	Nonpriority creditor's name and mailing address PATIENT 4037 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.59
3.3222	Nonpriority creditor's name and mailing address PATIENT 4038 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.57
3.3223	Nonpriority creditor's name and mailing address PATIENT 4040 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.46

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			Amount of claim
3.3224	Nonpriority creditor's name and mailing address PATIENT 4041 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.43
3.3225	Nonpriority creditor's name and mailing address PATIENT 4042 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.41
3.3226	Nonpriority creditor's name and mailing address PATIENT 4043 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.39
3.3227	Nonpriority creditor's name and mailing address PATIENT 4044 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.39
3.3228	Nonpriority creditor's name and mailing address PATIENT 4046 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.33

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			Amount of claim
3.3229	Nonpriority creditor's name and mailing address PATIENT 4047 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.15
3.3230	Nonpriority creditor's name and mailing address PATIENT 4048 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.14
3.3231	Nonpriority creditor's name and mailing address PATIENT 4051 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.10
3.3232	Nonpriority creditor's name and mailing address PATIENT 4052 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.09
3.3233	Nonpriority creditor's name and mailing address PATIENT 4053 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.00

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			Amount of claim
3.3234	Nonpriority creditor's name and mailing address PATIENT 4054 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.00
3.3235	Nonpriority creditor's name and mailing address PATIENT 4055 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.00
3.3236	Nonpriority creditor's name and mailing address PATIENT 4056 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.00
3.3237	Nonpriority creditor's name and mailing address PATIENT 4057 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.00
3.3238	Nonpriority creditor's name and mailing address PATIENT 4058 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.00

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			Amount of claim
3.3239	Nonpriority creditor's name and mailing address PATIENT 4059 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.99
3.3240	Nonpriority creditor's name and mailing address PATIENT 4060 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.96
3.3241	Nonpriority creditor's name and mailing address PATIENT 4061 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.96
3.3242	Nonpriority creditor's name and mailing address PATIENT 4063 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.82
3.3243	Nonpriority creditor's name and mailing address PATIENT 4065 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.75

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		Amount of claim
3.3244	Nonpriority creditor's name and mailing address PATIENT 4066 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3245	Nonpriority creditor's name and mailing address PATIENT 4068 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3246	Nonpriority creditor's name and mailing address PATIENT 4069 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3247	Nonpriority creditor's name and mailing address PATIENT 4070 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3248	Nonpriority creditor's name and mailing address PATIENT 4071 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3249	Nonpriority creditor's name and mailing address PATIENT 4072 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.66
3.3250	Nonpriority creditor's name and mailing address PATIENT 4073 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.66
3.3251	Nonpriority creditor's name and mailing address PATIENT 4074 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.66
3.3252	Nonpriority creditor's name and mailing address PATIENT 4075 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.66
3.3253	Nonpriority creditor's name and mailing address PATIENT 4076 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.66

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			Amount of claim
3.3254	Nonpriority creditor's name and mailing address PATIENT 4077 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.66
3.3255	Nonpriority creditor's name and mailing address PATIENT 4078 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.66
3.3256	Nonpriority creditor's name and mailing address PATIENT 4081 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.46
3.3257	Nonpriority creditor's name and mailing address PATIENT 4082 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.37
3.3258	Nonpriority creditor's name and mailing address PATIENT 4083 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.37

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			Amount of claim
3.3259	Nonpriority creditor's name and mailing address PATIENT 4084 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.29
3.3260	Nonpriority creditor's name and mailing address PATIENT 4085 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.28
3.3261	Nonpriority creditor's name and mailing address PATIENT 4086 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.26
3.3262	Nonpriority creditor's name and mailing address PATIENT 4087 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.25
3.3263	Nonpriority creditor's name and mailing address PATIENT 4088 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.25

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			Amount of claim
3.3264	Nonpriority creditor's name and mailing address PATIENT 4089 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.24
3.3265	Nonpriority creditor's name and mailing address PATIENT 4090 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.23
3.3266	Nonpriority creditor's name and mailing address PATIENT 4091 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.19
3.3267	Nonpriority creditor's name and mailing address PATIENT 4092 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.09
3.3268	Nonpriority creditor's name and mailing address PATIENT 4093 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.09

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			Amount of claim
3.3269	Nonpriority creditor's name and mailing address PATIENT 4094 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.09
3.3270	Nonpriority creditor's name and mailing address PATIENT 4095 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.07
3.3271	Nonpriority creditor's name and mailing address PATIENT 4096 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.05
3.3272	Nonpriority creditor's name and mailing address PATIENT 4099 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.00
3.3273	Nonpriority creditor's name and mailing address PATIENT 4100 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.00

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			Amount of claim
3.3274	Nonpriority creditor's name and mailing address PATIENT 4101 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.00
3.3275	Nonpriority creditor's name and mailing address PATIENT 4103 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.94
3.3276	Nonpriority creditor's name and mailing address PATIENT 4108 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.69
3.3277	Nonpriority creditor's name and mailing address PATIENT 4109 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.69
3.3278	Nonpriority creditor's name and mailing address PATIENT 4110 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.56

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			Amount of claim
3.3279	Nonpriority creditor's name and mailing address PATIENT 4111 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.54
3.3280	Nonpriority creditor's name and mailing address PATIENT 4112 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.52
3.3281	Nonpriority creditor's name and mailing address PATIENT 4113 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.49
3.3282	Nonpriority creditor's name and mailing address PATIENT 4115 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.38
3.3283	Nonpriority creditor's name and mailing address PATIENT 4116 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.37

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			Amount of claim
3.3284	Nonpriority creditor's name and mailing address PATIENT 4117 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.29
3.3285	Nonpriority creditor's name and mailing address PATIENT 4118 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.26
3.3286	Nonpriority creditor's name and mailing address PATIENT 4119 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.21
3.3287	Nonpriority creditor's name and mailing address PATIENT 4120 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.18
3.3288	Nonpriority creditor's name and mailing address PATIENT 4121 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.09

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			Amount of claim
3.3289	Nonpriority creditor's name and mailing address PATIENT 4122 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.05
3.3290	Nonpriority creditor's name and mailing address PATIENT 4124 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.00
3.3291	Nonpriority creditor's name and mailing address PATIENT 4126 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.99
3.3292	Nonpriority creditor's name and mailing address PATIENT 4127 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.95
3.3293	Nonpriority creditor's name and mailing address PATIENT 4128 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.88

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			Amount of claim
3.3294	Nonpriority creditor's name and mailing address PATIENT 4131 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.76
3.3295	Nonpriority creditor's name and mailing address PATIENT 4132 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.75
3.3296	Nonpriority creditor's name and mailing address PATIENT 4134 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.69
3.3297	Nonpriority creditor's name and mailing address PATIENT 4137 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.60
3.3298	Nonpriority creditor's name and mailing address PATIENT 4139 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.60

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			Amount of claim
3.3299	Nonpriority creditor's name and mailing address PATIENT 4140 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.60
3.3300	Nonpriority creditor's name and mailing address PATIENT 4141 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.56
3.3301	Nonpriority creditor's name and mailing address PATIENT 4142 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.55
3.3302	Nonpriority creditor's name and mailing address PATIENT 4143 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.55
3.3303	Nonpriority creditor's name and mailing address PATIENT 4144 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.47

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			Amount of claim
3.3304	Nonpriority creditor's name and mailing address PATIENT 4146 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.45
3.3305	Nonpriority creditor's name and mailing address PATIENT 4147 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.44
3.3306	Nonpriority creditor's name and mailing address PATIENT 4148 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.37
3.3307	Nonpriority creditor's name and mailing address PATIENT 4149 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.34
3.3308	Nonpriority creditor's name and mailing address PATIENT 4151 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.27

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			Amount of claim
3.3309	Nonpriority creditor's name and mailing address PATIENT 4152 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.26
3.3310	Nonpriority creditor's name and mailing address PATIENT 4153 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.25
3.3311	Nonpriority creditor's name and mailing address PATIENT 4154 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.25
3.3312	Nonpriority creditor's name and mailing address PATIENT 4155 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.23
3.3313	Nonpriority creditor's name and mailing address PATIENT 4156 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.22

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			Amount of claim
3.3314	Nonpriority creditor's name and mailing address PATIENT 4159 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.15
3.3315	Nonpriority creditor's name and mailing address PATIENT 4161 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.05
3.3316	Nonpriority creditor's name and mailing address PATIENT 4162 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.02
3.3317	Nonpriority creditor's name and mailing address PATIENT 4165 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.3318	Nonpriority creditor's name and mailing address PATIENT 4166 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.96

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			Amount of claim
3.3319	Nonpriority creditor's name and mailing address PATIENT 4168 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.96
3.3320	Nonpriority creditor's name and mailing address PATIENT 4169 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.96
3.3321	Nonpriority creditor's name and mailing address PATIENT 4170 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.96
3.3322	Nonpriority creditor's name and mailing address PATIENT 4171 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.96
3.3323	Nonpriority creditor's name and mailing address PATIENT 4172 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.96

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			Amount of claim
3.3324	Nonpriority creditor's name and mailing address PATIENT 4173 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.96
3.3325	Nonpriority creditor's name and mailing address PATIENT 4174 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.96
3.3326	Nonpriority creditor's name and mailing address PATIENT 4175 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.92
3.3327	Nonpriority creditor's name and mailing address PATIENT 4176 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.89
3.3328	Nonpriority creditor's name and mailing address PATIENT 4177 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.86

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			Amount of claim
3.3329	Nonpriority creditor's name and mailing address PATIENT 4178 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.86
3.3330	Nonpriority creditor's name and mailing address PATIENT 4179 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.85
3.3331	Nonpriority creditor's name and mailing address PATIENT 4180 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.85
3.3332	Nonpriority creditor's name and mailing address PATIENT 4181 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.85
3.3333	Nonpriority creditor's name and mailing address PATIENT 4182 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.84

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		Amount of claim
3.3334	Nonpriority creditor's name and mailing address PATIENT 4183 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3335	Nonpriority creditor's name and mailing address PATIENT 4184 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3336	Nonpriority creditor's name and mailing address PATIENT 4185 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3337	Nonpriority creditor's name and mailing address PATIENT 4186 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3338	Nonpriority creditor's name and mailing address PATIENT 4187 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3339	Nonpriority creditor's name and mailing address PATIENT 4188 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3340	Nonpriority creditor's name and mailing address PATIENT 4189 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3341	Nonpriority creditor's name and mailing address PATIENT 4190 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3342	Nonpriority creditor's name and mailing address PATIENT 4191 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3343	Nonpriority creditor's name and mailing address PATIENT 4192 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80

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			Amount of claim
3.3344	Nonpriority creditor's name and mailing address PATIENT 4193 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3345	Nonpriority creditor's name and mailing address PATIENT 4194 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3346	Nonpriority creditor's name and mailing address PATIENT 4195 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3347	Nonpriority creditor's name and mailing address PATIENT 4196 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3348	Nonpriority creditor's name and mailing address PATIENT 4197 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80

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			Amount of claim
3.3349	Nonpriority creditor's name and mailing address PATIENT 4198 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3350	Nonpriority creditor's name and mailing address PATIENT 4199 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3351	Nonpriority creditor's name and mailing address PATIENT 4200 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3352	Nonpriority creditor's name and mailing address PATIENT 4201 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3353	Nonpriority creditor's name and mailing address PATIENT 4202 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80

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			Amount of claim
3.3354	Nonpriority creditor's name and mailing address PATIENT 4203 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3355	Nonpriority creditor's name and mailing address PATIENT 4204 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3356	Nonpriority creditor's name and mailing address PATIENT 4205 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3357	Nonpriority creditor's name and mailing address PATIENT 4206 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3358	Nonpriority creditor's name and mailing address PATIENT 4207 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80

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			Amount of claim
3.3359	Nonpriority creditor's name and mailing address PATIENT 4208 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3360	Nonpriority creditor's name and mailing address PATIENT 4209 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3361	Nonpriority creditor's name and mailing address PATIENT 4210 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3362	Nonpriority creditor's name and mailing address PATIENT 4211 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3363	Nonpriority creditor's name and mailing address PATIENT 4212 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80

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			Amount of claim
3.3364	Nonpriority creditor's name and mailing address PATIENT 4213 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3365	Nonpriority creditor's name and mailing address PATIENT 4214 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3366	Nonpriority creditor's name and mailing address PATIENT 4215 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3367	Nonpriority creditor's name and mailing address PATIENT 4216 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3368	Nonpriority creditor's name and mailing address PATIENT 4217 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80

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			Amount of claim
3.3369	Nonpriority creditor's name and mailing address PATIENT 4218 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3370	Nonpriority creditor's name and mailing address PATIENT 4219 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3371	Nonpriority creditor's name and mailing address PATIENT 4220 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3372	Nonpriority creditor's name and mailing address PATIENT 4221 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3373	Nonpriority creditor's name and mailing address PATIENT 4222 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80

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			Amount of claim
3.3374	Nonpriority creditor's name and mailing address PATIENT 4223 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3375	Nonpriority creditor's name and mailing address PATIENT 4224 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3376	Nonpriority creditor's name and mailing address PATIENT 4225 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3377	Nonpriority creditor's name and mailing address PATIENT 4226 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80
3.3378	Nonpriority creditor's name and mailing address PATIENT 4227 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.80

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		Amount of claim
3.3379	Nonpriority creditor's name and mailing address PATIENT 4228 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3380	Nonpriority creditor's name and mailing address PATIENT 4229 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3381	Nonpriority creditor's name and mailing address PATIENT 4230 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3382	Nonpriority creditor's name and mailing address PATIENT 4231 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3383	Nonpriority creditor's name and mailing address PATIENT 4232 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3384	Nonpriority creditor's name and mailing address PATIENT 4235 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.75
3.3385	Nonpriority creditor's name and mailing address PATIENT 4236 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.75
3.3386	Nonpriority creditor's name and mailing address PATIENT 4237 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.73
3.3387	Nonpriority creditor's name and mailing address PATIENT 4238 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.68
3.3388	Nonpriority creditor's name and mailing address PATIENT 4239 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.66

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			Amount of claim
3.3389	Nonpriority creditor's name and mailing address PATIENT 4240 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.66
3.3390	Nonpriority creditor's name and mailing address PATIENT 4241 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.66
3.3391	Nonpriority creditor's name and mailing address PATIENT 4242 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.66
3.3392	Nonpriority creditor's name and mailing address PATIENT 4243 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.64
3.3393	Nonpriority creditor's name and mailing address PATIENT 4244 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.62

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			Amount of claim
3.3394	Nonpriority creditor's name and mailing address PATIENT 4245 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.61
3.3395	Nonpriority creditor's name and mailing address PATIENT 4246 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.58
3.3396	Nonpriority creditor's name and mailing address PATIENT 4247 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.57
3.3397	Nonpriority creditor's name and mailing address PATIENT 4248 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.57
3.3398	Nonpriority creditor's name and mailing address PATIENT 4250 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.59

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			Amount of claim
3.3399	Nonpriority creditor's name and mailing address PATIENT 4251 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.08
3.3400	Nonpriority creditor's name and mailing address PATIENT 4253 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.54
3.3401	Nonpriority creditor's name and mailing address PATIENT 4254 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.54
3.3402	Nonpriority creditor's name and mailing address PATIENT 4256 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.52
3.3403	Nonpriority creditor's name and mailing address PATIENT 4258 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49

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			Amount of claim
3.3404	Nonpriority creditor's name and mailing address PATIENT 4259 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3405	Nonpriority creditor's name and mailing address PATIENT 4260 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3406	Nonpriority creditor's name and mailing address PATIENT 4261 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3407	Nonpriority creditor's name and mailing address PATIENT 4262 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3408	Nonpriority creditor's name and mailing address PATIENT 4263 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49

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			Amount of claim
3.3409	Nonpriority creditor's name and mailing address PATIENT 4264 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3410	Nonpriority creditor's name and mailing address PATIENT 4265 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3411	Nonpriority creditor's name and mailing address PATIENT 4266 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3412	Nonpriority creditor's name and mailing address PATIENT 4267 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3413	Nonpriority creditor's name and mailing address PATIENT 4268 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49

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			Amount of claim
3.3414	Nonpriority creditor's name and mailing address PATIENT 4269 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3415	Nonpriority creditor's name and mailing address PATIENT 4270 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3416	Nonpriority creditor's name and mailing address PATIENT 4271 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.49
3.3417	Nonpriority creditor's name and mailing address PATIENT 4272 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.48
3.3418	Nonpriority creditor's name and mailing address PATIENT 4274 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.46

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			Amount of claim
3.3419	Nonpriority creditor's name and mailing address PATIENT 4275 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.44
3.3420	Nonpriority creditor's name and mailing address PATIENT 4276 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.42
3.3421	Nonpriority creditor's name and mailing address PATIENT 4277 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.39
3.3422	Nonpriority creditor's name and mailing address PATIENT 4278 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.37
3.3423	Nonpriority creditor's name and mailing address PATIENT 4279 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.37

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			Amount of claim
3.3424	Nonpriority creditor's name and mailing address PATIENT 4280 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.35
3.3425	Nonpriority creditor's name and mailing address PATIENT 4281 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.34
3.3426	Nonpriority creditor's name and mailing address PATIENT 4282 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.34
3.3427	Nonpriority creditor's name and mailing address PATIENT 4283 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.34
3.3428	Nonpriority creditor's name and mailing address PATIENT 4284 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.34

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			Amount of claim
3.3429	Nonpriority creditor's name and mailing address PATIENT 4285 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.34
3.3430	Nonpriority creditor's name and mailing address PATIENT 4286 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.34
3.3431	Nonpriority creditor's name and mailing address PATIENT 4287 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.34
3.3432	Nonpriority creditor's name and mailing address PATIENT 4288 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.33
3.3433	Nonpriority creditor's name and mailing address PATIENT 4289 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.33

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			Amount of claim
3.3434	Nonpriority creditor's name and mailing address PATIENT 4290 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.33
3.3435	Nonpriority creditor's name and mailing address PATIENT 4291 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.33
3.3436	Nonpriority creditor's name and mailing address PATIENT 4292 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.33
3.3437	Nonpriority creditor's name and mailing address PATIENT 4293 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.33
3.3438	Nonpriority creditor's name and mailing address PATIENT 4294 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.32

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			Amount of claim
3.3439	Nonpriority creditor's name and mailing address PATIENT 4295 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.32
3.3440	Nonpriority creditor's name and mailing address PATIENT 4296 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.31
3.3441	Nonpriority creditor's name and mailing address PATIENT 4298 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.28
3.3442	Nonpriority creditor's name and mailing address PATIENT 4299 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.28
3.3443	Nonpriority creditor's name and mailing address PATIENT 4300 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.28

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		Amount of claim
3.3444	Nonpriority creditor's name and mailing address PATIENT 4301 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3445	Nonpriority creditor's name and mailing address PATIENT 4302 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3446	Nonpriority creditor's name and mailing address PATIENT 4304 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3447	Nonpriority creditor's name and mailing address PATIENT 4305 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3448	Nonpriority creditor's name and mailing address PATIENT 4306 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3449	Nonpriority creditor's name and mailing address PATIENT 4307 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.26
3.3450	Nonpriority creditor's name and mailing address PATIENT 4308 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.26
3.3451	Nonpriority creditor's name and mailing address PATIENT 4309 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.25
3.3452	Nonpriority creditor's name and mailing address PATIENT 4310 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.24
3.3453	Nonpriority creditor's name and mailing address PATIENT 4311 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.24

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			Amount of claim
3.3454	Nonpriority creditor's name and mailing address PATIENT 4312 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.24
3.3455	Nonpriority creditor's name and mailing address PATIENT 4313 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.24
3.3456	Nonpriority creditor's name and mailing address PATIENT 4314 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.24
3.3457	Nonpriority creditor's name and mailing address PATIENT 4315 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.23
3.3458	Nonpriority creditor's name and mailing address PATIENT 4316 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.23

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			Amount of claim
3.3459	Nonpriority creditor's name and mailing address PATIENT 4318 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.22
3.3460	Nonpriority creditor's name and mailing address PATIENT 4319 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.21
3.3461	Nonpriority creditor's name and mailing address PATIENT 4320 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.21
3.3462	Nonpriority creditor's name and mailing address PATIENT 4321 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.20
3.3463	Nonpriority creditor's name and mailing address PATIENT 4322 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.19

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			Amount of claim
3.3464	Nonpriority creditor's name and mailing address PATIENT 4323 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.18
3.3465	Nonpriority creditor's name and mailing address PATIENT 4324 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.18
3.3466	Nonpriority creditor's name and mailing address PATIENT 4325 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.17
3.3467	Nonpriority creditor's name and mailing address PATIENT 4329 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.13
3.3468	Nonpriority creditor's name and mailing address PATIENT 4332 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.08

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			Amount of claim
3.3469	Nonpriority creditor's name and mailing address PATIENT 4333 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.08
3.3470	Nonpriority creditor's name and mailing address PATIENT 4334 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.08
3.3471	Nonpriority creditor's name and mailing address PATIENT 4335 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.07
3.3472	Nonpriority creditor's name and mailing address PATIENT 4336 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.06
3.3473	Nonpriority creditor's name and mailing address PATIENT 4337 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.05

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			Amount of claim
3.3474	Nonpriority creditor's name and mailing address PATIENT 4339 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.05
3.3475	Nonpriority creditor's name and mailing address PATIENT 4340 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.04
3.3476	Nonpriority creditor's name and mailing address PATIENT 4341 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.03
3.3477	Nonpriority creditor's name and mailing address PATIENT 4342 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.02
3.3478	Nonpriority creditor's name and mailing address PATIENT 4348 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01

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			Amount of claim
3.3479	Nonpriority creditor's name and mailing address PATIENT 4349 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.3480	Nonpriority creditor's name and mailing address PATIENT 4350 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.3481	Nonpriority creditor's name and mailing address PATIENT 4351 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.3482	Nonpriority creditor's name and mailing address PATIENT 4352 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
3.3483	Nonpriority creditor's name and mailing address PATIENT 491 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,491.00

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			Amount of claim
3.3484	Nonpriority creditor's name and mailing address PATIENT 557 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,281.74
3.3485	Nonpriority creditor's name and mailing address PATIENT 591 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,168.98
3.3486	Nonpriority creditor's name and mailing address PATIENT 594 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,162.96
3.3487	Nonpriority creditor's name and mailing address PATIENT 622 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,070.73
3.3488	Nonpriority creditor's name and mailing address PATIENT 637 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,039.52

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			Amount of claim
3.3489	Nonpriority creditor's name and mailing address PATIENT 638 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,037.20
3.3490	Nonpriority creditor's name and mailing address PATIENT 645 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,008.00
3.3491	Nonpriority creditor's name and mailing address PATIENT 648 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.3492	Nonpriority creditor's name and mailing address PATIENT 656 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$974.19
3.3493	Nonpriority creditor's name and mailing address PATIENT 685 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$888.41

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			Amount of claim
3.3494	Nonpriority creditor's name and mailing address PATIENT 686 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$885.00
3.3495	Nonpriority creditor's name and mailing address PATIENT 709 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$832.16
3.3496	Nonpriority creditor's name and mailing address PATIENT 713 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$824.85
3.3497	Nonpriority creditor's name and mailing address PATIENT 714 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$824.35
3.3498	Nonpriority creditor's name and mailing address PATIENT 718 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$815.46

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			Amount of claim
3.3499	Nonpriority creditor's name and mailing address PATIENT 722 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$798.68
3.3500	Nonpriority creditor's name and mailing address PATIENT 753 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$742.85
3.3501	Nonpriority creditor's name and mailing address PATIENT 800 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$654.53
3.3502	Nonpriority creditor's name and mailing address PATIENT 804 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649.95
3.3503	Nonpriority creditor's name and mailing address PATIENT 811 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$640.90

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			Amount of claim
3.3504	Nonpriority creditor's name and mailing address PATIENT 816 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$631.58
3.3505	Nonpriority creditor's name and mailing address PATIENT 850 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$559.73
3.3506	Nonpriority creditor's name and mailing address PATIENT 852 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$549.68
3.3507	Nonpriority creditor's name and mailing address PATIENT 858 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.05
3.3508	Nonpriority creditor's name and mailing address PATIENT 873 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00

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			Amount of claim
3.3509	Nonpriority creditor's name and mailing address PATIENT 892 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.39
3.3510	Nonpriority creditor's name and mailing address PATIENT 904 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$434.37
3.3511	Nonpriority creditor's name and mailing address PATIENT 906 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$427.01
3.3512	Nonpriority creditor's name and mailing address PATIENT 907 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.56
3.3513	Nonpriority creditor's name and mailing address PATIENT 918 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401.22

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			Amount of claim
3.3514	Nonpriority creditor's name and mailing address PATIENT 919 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.3515	Nonpriority creditor's name and mailing address PATIENT 924 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$386.92
3.3516	Nonpriority creditor's name and mailing address PATIENT 925 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$385.00
3.3517	Nonpriority creditor's name and mailing address PATIENT 926 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$384.88
3.3518	Nonpriority creditor's name and mailing address PATIENT 934 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.28

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			Amount of claim
3.3519	Nonpriority creditor's name and mailing address PATIENT 938 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406.79
3.3520	Nonpriority creditor's name and mailing address PATIENT 940 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$366.13
3.3521	Nonpriority creditor's name and mailing address PATIENT 941 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.77
3.3522	Nonpriority creditor's name and mailing address PATIENT 945 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.16
3.3523	Nonpriority creditor's name and mailing address PATIENT 948 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00

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			Amount of claim
3.3524	Nonpriority creditor's name and mailing address PATIENT 951 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$339.04
3.3525	Nonpriority creditor's name and mailing address PATIENT 953 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.80
3.3526	Nonpriority creditor's name and mailing address PATIENT 955 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.35
3.3527	Nonpriority creditor's name and mailing address PATIENT 956 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$331.14
3.3528	Nonpriority creditor's name and mailing address PATIENT 958 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$329.20

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			Amount of claim
3.3529	Nonpriority creditor's name and mailing address PATIENT 959 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$328.02
3.3530	Nonpriority creditor's name and mailing address PATIENT 961 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.3531	Nonpriority creditor's name and mailing address PATIENT 966 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.57
3.3532	Nonpriority creditor's name and mailing address PATIENT 968 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.91
3.3533	Nonpriority creditor's name and mailing address PATIENT 970 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.09

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			Amount of claim
3.3534	Nonpriority creditor's name and mailing address PATIENT 975 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.62
3.3535	Nonpriority creditor's name and mailing address PATIENT 982 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.46
3.3536	Nonpriority creditor's name and mailing address PATIENT 986 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.3537	Nonpriority creditor's name and mailing address PATIENT 987 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.3538	Nonpriority creditor's name and mailing address PATIENT 992 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.00

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			Amount of claim
3.3539	Nonpriority creditor's name and mailing address PATIENT 994 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.12
3.3540	Nonpriority creditor's name and mailing address PATIENT 998 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.26
3.3541	Nonpriority creditor's name and mailing address PATIENT 999 REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT CREDITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.16
3.3542	Nonpriority creditor's name and mailing address PATIENT REFUND-ATHENA 311 ARSENAL STREET WATERTOWN, MA 024722782 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.20
3.3543	Nonpriority creditor's name and mailing address PATTY KAKE, INC 2022 W NW HWY SUITE 210 GRAPEVINE, TX 76051 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00

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			Amount of claim
3.3544	Nonpriority creditor's name and mailing address PENRAD TECHNOLOGIES INC 114 COMMERCE CIRCLE BUFFALO, MN 55313 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
3.3545	Nonpriority creditor's name and mailing address PENTAX 3 PARAGON DRIVE MONTVILLE, NJ 07645 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,462.30
3.3546	Nonpriority creditor's name and mailing address PERFORMANCE HEALTH SUPPLY INC 28100 TORCH PARKWAY STE 700 WARRENVILLE, IL 60555-3938 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,368.58
3.3547	Nonpriority creditor's name and mailing address PETER BRASSELER HOLDINGS, LLC ONE BRASSELER BLVD SAVANNAH, GA 31419 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.25
3.3548	Nonpriority creditor's name and mailing address PFIZER, INC 235 EAST 42ND STREET NEW YORK, NY 10017-5755 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$442.40

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		Amount of claim
3.3549	Nonpriority creditor's name and mailing address PHILIPS HEALTHCARE SEAN LATHAM MGR AR 3000 MINUTEMAN ROAD MS 400 ANDOVER, MA 01810 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$354,179.49 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3550	Nonpriority creditor's name and mailing address POSITIVE PROMOTIONS INC 15 GILPIN AVE HAUPPAUGE, NY 11788 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$841.61 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3551	Nonpriority creditor's name and mailing address POWER SYSTEMS PO BOX 51030 KNOXVILLE, TN 37950-1030 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$31.54 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3552	Nonpriority creditor's name and mailing address PRECISION DYNAMICS CORPORATION 4193 SOLUTIONS CTR CHICAGO, IL 60677-4001 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$2,408.34 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3553	Nonpriority creditor's name and mailing address PREMIER ANESTHESIA ANNI GLOVER MARKETING DIRECTOR 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$1,010,027.97 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3554	Nonpriority creditor's name and mailing address PRESS GANEY ASSOCIATED INC BOX 88335 MILWAUKEE, WI 53288-0335 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,067.11
3.3555	Nonpriority creditor's name and mailing address PREVENTICE SERVICES, LLC 1717 N SAM HOUSTON PARKWAY WEST SUITE 100 HOUSTON, TX 77038 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,071.65
3.3556	Nonpriority creditor's name and mailing address PRODIGY HEALTH SUPPLIER CORPORATION 9417 BRODIE LANE AUSTIN, TX 78748 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$528.00
3.3557	Nonpriority creditor's name and mailing address PULMONARY CRITICAL CARE 75 GOLDEN SCROLL CIRCLE SPRING, TX 77382 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.57
3.3558	Nonpriority creditor's name and mailing address PULSE PHYSICIAN ORGANIZATION 119 MEDICAL PARK LN SUITE D HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,886.01

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		Amount of claim
3.3559	Nonpriority creditor's name and mailing address QUEST DIAGNOSTIC 3500 HORIZON DR KING OF PRUSSIA, PA 19406 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$396.44 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3560	Nonpriority creditor's name and mailing address QUILLEN E. GRIFFITH JR. 2726 E CAPPS RD LIVINGSTON, TX 77351 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$210.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3561	Nonpriority creditor's name and mailing address RADIOMETER AMERICA INC 810 SHARON DRIVE WESTLAKE, OH 44145 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$9,190.52 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3562	Nonpriority creditor's name and mailing address RAVE WIRELESS INC. 50 SPEEN STREET SUITE 301 FRAMINGHAM, MA 01701 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$7,105.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3563	Nonpriority creditor's name and mailing address RECONDO TECHNOLOGY INC 7900 E UNION AVE SUITE 400 DENVER, CO 80237 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$100,555.04 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3564	Nonpriority creditor's name and mailing address REDWOOD LAB SERVICES 3650 WESTWIND BLVD SANTA ROSA, CA 95403 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,650.00
3.3565	Nonpriority creditor's name and mailing address REGISTRY PARTNERS INCORPORATED 2607 HOLLY HILL STREET SUITE D BURLINGTON, NC 27215 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.75
3.3566	Nonpriority creditor's name and mailing address RELIABLE IT 1201 3RD STREET SUITE 100 ALEXANDRIA, LA 71301 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$366.48
3.3567	Nonpriority creditor's name and mailing address REMEL INC 12076 SANTA FE DR LENEXA, KS 66215 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,862.84
3.3568	Nonpriority creditor's name and mailing address REMOTE PHARMACY SOLUTIONS 7307 STARFLOWER KATY, TX 77494 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,860.00

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			Amount of claim
3.3569	Nonpriority creditor's name and mailing address RESOURCES SECURITY, INC PO BOX 425 HUNTSVILLE, TX 77342 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$427.40
3.3570	Nonpriority creditor's name and mailing address RETINA CONSULTANTS OF HOUSTON PO BOX 4634 DEPT 100 HOUSTON, TX 77210-4634 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,068.58
3.3571	Nonpriority creditor's name and mailing address RICHARD-ALLAN SCIENTIFIC 4481 CAMPUS DR KALAMAZOO, MI 49008 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$619.43
3.3572	Nonpriority creditor's name and mailing address RISING MEDICAL SOLUTIONS PO BOX 9201 AUSTIN, TX 78766 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,456.74
3.3573	Nonpriority creditor's name and mailing address ROBERT D. PIERCE II 1525 SAM HOUSTON AVE HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$633.97

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			Amount of claim
3.3574	Nonpriority creditor's name and mailing address ROBERT GALEN YOUNGER PO BOX 690194 HOUSTON, TX 77269 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$204.00
3.3575	Nonpriority creditor's name and mailing address ROCHE DIAGNOSTICS CORP 9115 HAGUE RD INDIANAPOLIS, IN 46250 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,420.75
3.3576	Nonpriority creditor's name and mailing address RON'S LASER SERVICE PO BOX 3173 CONROE, TX 77305-3173 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$410.00
3.3577	Nonpriority creditor's name and mailing address RR DONNELLEY PO BOX 730165 DALLAS, TX 75373-1065 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.45
3.3578	Nonpriority creditor's name and mailing address RUHOF CORP 393 SAFAMORE AVENUE MINEOLA, NY 11501-1919 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.68

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			Amount of claim
3.3579	Nonpriority creditor's name and mailing address SABRE INVESTMENTS, LLC 1 PASTORAL POND CIR THE WOODLANDS, TX 77380 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,391,660.11
3.3580	Nonpriority creditor's name and mailing address SAM HOUSTON STATE UNIVERSITY PO BOX 2268 HUNTSVILLE, TX 77341 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.3581	Nonpriority creditor's name and mailing address SAN JACINTO SPECIAL UTILITY DISTRICT 70 CHURCH AVE COLDSRING, TX 77331 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.80
3.3582	Nonpriority creditor's name and mailing address SCORPION HEALTHCARE, LLC 28480 AVENUE STANFORD SUITE 100 VALENCIA, CA 91355 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.3583	Nonpriority creditor's name and mailing address SCOTT & WHITE HEALTH PLAN 1206 W CAMPUS DR TEMPLE, TX 76502 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,769.31

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			Amount of claim
3.3584	Nonpriority creditor's name and mailing address SCOTT COMMUNICATIONS, INC 10535 FM 1097 RD WEST SUITE A WILLIS, TX 77318 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.3585	Nonpriority creditor's name and mailing address SEHGAL, SUDHIR PO BOX 540088 HOUSTON, TX 77254 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,950.94
3.3586	Nonpriority creditor's name and mailing address SERVICE & COMPLIANCE CONS. INC. 901 NORMAL PARK STE 204 HUNTSVILLE, TX 77320 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.3587	Nonpriority creditor's name and mailing address SERVICE EXPRESS, INC. 3854 BROADMOOR AVE SE GRAND RAPIDS, MI 49512 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,538.00
3.3588	Nonpriority creditor's name and mailing address SHAMROCK SCIENTIFIC 34 DAVIS DRIVE BELLWOOD, IL 60104 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.96

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			Amount of claim
3.3589	Nonpriority creditor's name and mailing address SHANNON L BROWN 28415 MONTEREY CLIFF LN HUFFMAN, TX 77336 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510,000.00
3.3590	Nonpriority creditor's name and mailing address SHERWIN-WILLIAMS 1109 AVE M HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.92
3.3591	Nonpriority creditor's name and mailing address SHUKLA, URMIL MD 130 MEDICAL CENTER PKWY 10 HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,422.01
3.3592	Nonpriority creditor's name and mailing address SIEMENS DIAGNOSTICS 115 NORWOORD PARK SOUTH NORWOOD, MA 02062 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,300.00
3.3593	Nonpriority creditor's name and mailing address SIEMENS MEDICAL SOLUTIONS USA, INC 51 VALLEY STREAM PARKWAY MALVERN, PA 19355 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,453.99

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			Amount of claim
3.3594	Nonpriority creditor's name and mailing address SLOAN CORPORATION 4224 S 133RD ST STE G OMAHA, NE 68137 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$938.84
3.3595	Nonpriority creditor's name and mailing address SMILE MAKERS PO BOX 2543 SPARTANBURG, SC 29304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.88
3.3596	Nonpriority creditor's name and mailing address SMITH & NEPHEW ENDOSCOPY INC 1450 BROOKS RD MEMPHIS, TN 38116 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,185.46
3.3597	Nonpriority creditor's name and mailing address SMITH & NEPHEW INC 1450 BROOKS RD MEMPHIS, TN 38116 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,117.25
3.3598	Nonpriority creditor's name and mailing address SMITH & NEPHEW WOUND MANAGEMENT 1450 BROOKS RD MEMPHIS, TN 38116 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,375.00

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			Amount of claim
3.3599	Nonpriority creditor's name and mailing address SOLOS ENDOSCOPY 65 SPRAGUE STREET WEST B BOSTON, MA 02136 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.04
3.3600	Nonpriority creditor's name and mailing address SOLSYS MEDICAL, LLC 600 THIMBLE SHOALS BLVD STE 200 NEWPORT NEWS, VA 23606 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,704.00
3.3601	Nonpriority creditor's name and mailing address SOUTHWEST HISTOLOGY LLC 3700 CURIE DRIVE SUITE 6000 EL PASO, TX 79902 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.14
3.3602	Nonpriority creditor's name and mailing address SPECTRACORP TECHNOLOGIES GROUP INC 8181 LBJ FREEWAY SUITE 360 DALLAS, TX 75251 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,032.11
3.3603	Nonpriority creditor's name and mailing address SPOK, INC 10400 YELLOW CIRCLE DRIVE EDEN PRAIRIE, MN 55343 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$839.56

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			Amount of claim
3.3604	Nonpriority creditor's name and mailing address SPRING CREEK UROLOGY LLC PO BOX 4346 DEPT 642 HOUSTON, TX 77210-4346 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,616.28
3.3605	Nonpriority creditor's name and mailing address ST. JOSEPH HOSPICE OF HOUSTON, LLC 10615 JEFFERSON HWY BATON ROUGE, LA 70809 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.3606	Nonpriority creditor's name and mailing address STAPLES ADVANTAGE PO BOX 71217 CHICAGO, IL 60694-1217 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.93
3.3607	Nonpriority creditor's name and mailing address STAPLES CONTRACT & COMMERCIAL, INC 500 STAPLES ADVANTAGE FRAMINGHAM, MA 01702 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,265.34
3.3608	Nonpriority creditor's name and mailing address STAPLES PROMOTIONAL PRODUCTS 7500 W. 110TH STREET OVERLAND PARK, KS 66212 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.00

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			Amount of claim
3.3609	Nonpriority creditor's name and mailing address STAT HOME HEALTH HOUSTON,LLC 10615 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,388.00
3.3610	Nonpriority creditor's name and mailing address STATE OF LOUISIANA PO BOX 96074 BATON ROUGE, LA 70896 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$526.26
3.3611	Nonpriority creditor's name and mailing address STATE OF TEXAS OFFICE OF RISK MANAGEMENT PO BOX 260287 PLANO, TX 75026 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.17
3.3612	Nonpriority creditor's name and mailing address STEPHEN M. SIMS, MD, PA 503 MEDICAL CENTER BLVD STE 110 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.27
3.3613	Nonpriority creditor's name and mailing address STERICYCLE 8950 CONROE PARK NORTH DRIVE CONROE, TX 77303 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,109.73

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			Amount of claim
3.3614	Nonpriority creditor's name and mailing address STERIS CORPORATION 5960 HEISLEY ROAD MENTOR, OH 44061-0834 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,186.21
3.3615	Nonpriority creditor's name and mailing address STORAGE SYSTEMS UNLIMITED INC 3343 ASPEN GROVE DRIVE STE 290 FRANKLIN, TN 37067 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279.62
3.3616	Nonpriority creditor's name and mailing address STRATUS AUDIO, INC PO BOX 675007 DETROIT, MI 48267-5007 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$384.12
3.3617	Nonpriority creditor's name and mailing address STROUDWATER ASSOCIATES ERIC SHELL CHAIRMAN STROUDWATER CROSSING 1685 CONGRESS ST STE 202 PORTLAND, ME 04102 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROFESSIONAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215,645.15
3.3618	Nonpriority creditor's name and mailing address STROUDWATER ASSOCIATES STROUDWATER CROSSING 1685 CONGRESS ST SUITE 202 PORTLAND, ME 04102 Date or dates debt was incurred 5/17/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

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			Amount of claim
3.3619	Nonpriority creditor's name and mailing address STRYKER CORPORATION 3800 EAST CENTRE AVE PORTAGE, MI 49002 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,776.88
3.3620	Nonpriority creditor's name and mailing address STRYKER ENDOSCOPY 5900 OPTICAL COURT SAN JOSE, CA 95020 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,583.81
3.3621	Nonpriority creditor's name and mailing address STRYKER ORTHOPAEDICS 3625 WILLOWBEND SUITE 132 HOUSTON, TX 77054 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,702.16
3.3622	Nonpriority creditor's name and mailing address STRYKER SALES CORP. 4100 E MILHAM AVE KALAMAZOO, MI 49001 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,915.28
3.3623	Nonpriority creditor's name and mailing address STRYKER SUSTAINABILITY SOLUTIONS 10232 SOUTH 51ST STREET PHOENIX, AZ 85044 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79,901.93

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			Amount of claim
3.3624	Nonpriority creditor's name and mailing address STUART A LEDER, MD 13414 MEDICAL COMPLEX DRIVE SUITE 12 TOMBALL, TX 77375 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,256.62
3.3625	Nonpriority creditor's name and mailing address SUMMIT IMAGING, INC 15000 WOODINVILLE REDMOND RD NE BLDG B STE 800 WOODINVILLE, WA 98072 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
3.3626	Nonpriority creditor's name and mailing address SUNIL K. REDDY MDPA 1501 RIVER POINTE DR CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,713.16
3.3627	Nonpriority creditor's name and mailing address SURE TECH DIAGNOSTIC ASSOC INC 11040 LIN VALLE STE D ST LOUIS, MO 63123 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.00
3.3628	Nonpriority creditor's name and mailing address SUTURE EXPRESS, INC 11020 KING STREET SUITE 400 OVERLAND PARK, KS 66210 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,593.95

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			Amount of claim
3.3629	Nonpriority creditor's name and mailing address SYMPLR 315 CAPITOL STREET 100 HOUSTON, TX 77002 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.3630	Nonpriority creditor's name and mailing address SYNERGY RADIOLOGY ASSOCIATES 7026 OLD KATY ROAD SUITE 276 HOUSTON, TX 77024 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.68
3.3631	Nonpriority creditor's name and mailing address TELEDATA PO BOX 3930 BRYAN, TX 77805 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.3632	Nonpriority creditor's name and mailing address TELEFLEX FUNDING LLC 3015 CARRINGTON MILL BLVD MORRISVILLE, NC 27560 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,720.71
3.3633	Nonpriority creditor's name and mailing address TEMPTIME CORPORATION 116 AMERICAN ROAD MORRIS PLAINS, NJ 07950 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.00

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			Amount of claim
3.3634	Nonpriority creditor's name and mailing address TENNANT SALES AND SERVICE PO BOX 71414 CHICAGO, IL 60694-1414 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,255.95
3.3635	Nonpriority creditor's name and mailing address TERREY'S LAWN SERVICE PO BOX 975 HUNTSVILLE, TX 77342 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.3636	Nonpriority creditor's name and mailing address TERUMO 2101 COTTONTAIL LANE SOMERSET, NJ 08873 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,803.90
3.3637	Nonpriority creditor's name and mailing address TEXAN EMS LLC PO BOX 2297 LIVINGSTON, TX 77351 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,740.00
3.3638	Nonpriority creditor's name and mailing address TEXAS A&M AGRILIFE EXTENSION SVC PO BOX 10420 COLLEGE STATION, TX 77842-2147 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.00

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		Amount of claim
3.3639	Nonpriority creditor's name and mailing address TEXAS CARDIOLOGY ASSOCIATED OF 601 RIVER POINTE DRIVE SUITE 105 CONROE, TX 77304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$474.03 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3640	Nonpriority creditor's name and mailing address TEXAS COMMUNICATIONS 1389 N HARVEY MITCHELL PKWY BRYAN, TX 77803 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$924.58 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3641	Nonpriority creditor's name and mailing address TEXAS HOSPITAL ASSOCIATION 1108 LAVACA SUITE 700 AUSTIN, TX 78701 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$20,835.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3642	Nonpriority creditor's name and mailing address TEXAS INSTITUTE FOR KIDNEY AND 10 MEDICAL CENTER BLVD STE A LUFKIN, TX 75904 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$113.27 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3643	Nonpriority creditor's name and mailing address TEXAS LITHOTRIPSY LP VIII 9825 SPECTRUM DR BLDG 3 AUSTIN, TX 78717-4930 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$38,600.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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		Amount of claim
3.3644	Nonpriority creditor's name and mailing address THE DOCTOR'S EXCHANGE 19399 HELENBIRG RD STE 1 COVINGSTON, LA 70433 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$8,137.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3645	Nonpriority creditor's name and mailing address THE FILTER MAN LLC 18924 E INDUSTRIAL PARKWAY NEW CANEY, TX 77357 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$871.30 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3646	Nonpriority creditor's name and mailing address THE HUNTSVILLE ITEM 1409 10TH STREET HUNTSVILLE, TX 77320 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$214.50 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3647	Nonpriority creditor's name and mailing address THE KIDNEY CENTER OF WALKER CO, LLC 102 MEDICAL PARK LN STE A HUNTSVILLE, TX 77340 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$3,296.67 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3648	Nonpriority creditor's name and mailing address THE NEW RADEBAUGH FETZER CO 22400 ASCOA COURT STRONGSVILLE, OH 44149 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$20.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.3649	Nonpriority creditor's name and mailing address THE O'NEILL FIRM LLC 440 LOUISIANA SUITE 900 HOUSTON, TX 77002 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,162.50
3.3650	Nonpriority creditor's name and mailing address THE SPECTRANETICS CORP PO BOX 12007 STE 4999 CHEYENNE, WY 82003 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,845.49
3.3651	Nonpriority creditor's name and mailing address THE UNIVERSITY OF TEXAS HEALTH 7000 FANNIN STREET HOUSTON, TX 77030 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
3.3652	Nonpriority creditor's name and mailing address THE WHITE STONE GROUP, INC 100 ASHFORD CENTER NORTH SUITE 300 DUNWOODY, GA 30338 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,109.12
3.3653	Nonpriority creditor's name and mailing address THERMOFISHER FINANCIAL SERVICES, INC 81 WYMAN STREET WALTHAM, MA 02454 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,711.40

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			Amount of claim
3.3654	Nonpriority creditor's name and mailing address THOMPSON MEDIA GROUP LLC PO BOX 25355 TAMPA, FL 33633-1620 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$686.99
3.3655	Nonpriority creditor's name and mailing address THYSSENKRUPP ELEVATOR CORPORATION 7240 BRITTMOORE RD STE 112 HOUSTON, TX 77041-3225 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$379.90
3.3656	Nonpriority creditor's name and mailing address TORNIER INC. 10801 NESBITT AVENUE BLOOMINGTON, MN 55437 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,175.45
3.3657	Nonpriority creditor's name and mailing address TRANS UNION LLC 555 W ADAMS ST ATTN TAX DEPT CHICAGO, IL 60661 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,358.34
3.3658	Nonpriority creditor's name and mailing address TRI-ANIM HEALTH SERVICE 25197 NETWORK PLACE CHICAGO, IL 60673-1251 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.38

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			Amount of claim
3.3659	Nonpriority creditor's name and mailing address TRIGON UNITED, LLC 20111 WYNDHAM ROSE LANE SPRING, TX 77379 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,520.00
3.3660	Nonpriority creditor's name and mailing address TRINITY PHYSICS CONSULTING, LLC 14655 NW FRWY SUITE 132 HOUSTON, TX 77040-4051 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,590.00
3.3661	Nonpriority creditor's name and mailing address T-SYSTEM, INC. 4020 MCEWEN RD DALLAS, TX 75244 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,322.00
3.3662	Nonpriority creditor's name and mailing address TXPAGES LLC PO BOX 96 BURNET, TX 78611 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.3663	Nonpriority creditor's name and mailing address TYPENEX MEDICAL LLC 303 EAST WACKER DRIVE STE 1030 CHICAGO, IL 60601 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,482.78

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			Amount of claim
3.3664	Nonpriority creditor's name and mailing address U S FOOD SERVICE 10 SOUTH TRADE CENTER PKWY CONROE, TX 77385 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,067.28
3.3665	Nonpriority creditor's name and mailing address U.S. WATER SERVICES 12270 43RD STREET NE ST MICHAEL, MN 55376 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,154.22
3.3666	Nonpriority creditor's name and mailing address ULINE 980 W BETHEL ROAD COPPELL, TX 75019 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$594.87
3.3667	Nonpriority creditor's name and mailing address ULTIMATE BIOMEDICAL SOLUTIONS, LLC 6315B FM 1488 138 MAGNOLIA, TX 77354 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,491.68
3.3668	Nonpriority creditor's name and mailing address ULTRA RAD CORPORATION 301 PINEDGE DR WEST BERLIN, NJ 08091 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,649.00

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			Amount of claim
3.3669	Nonpriority creditor's name and mailing address UNIFIED LIFE INSURANCE CO. PO BOX 304 DUNCAN, OK 73534-0304 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,639.35
3.3670	Nonpriority creditor's name and mailing address UNITED HEALTHCARE WEST PO BOX 30975 SALT LAKE CITY, UT 84130-0975 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.94
3.3671	Nonpriority creditor's name and mailing address UNITED STATES DEPARTMENT OF LABOR PO BOX 3300 LONDON, KY 40742-8300 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.3672	Nonpriority creditor's name and mailing address UNITEDHEALTH GROUP INCORPORATED 2001 WEST LOOP SOUTH SUITE 900 HOUSTON, TX 77027 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186,694.43
3.3673	Nonpriority creditor's name and mailing address URESIL LLC 5418 WEST TOUHY AVE SKOKIE, IL 60077 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$720.00

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			Amount of claim
3.3674	Nonpriority creditor's name and mailing address US COMPOUNDING, INC PO BOX 2709 CONWAY, AR 72034 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$397.50
3.3675	Nonpriority creditor's name and mailing address US MEDICAL DISPOSAL INC PO BOX 1900 ATHENS, TX 75751 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.50
3.3676	Nonpriority creditor's name and mailing address US PAIN & SPINE HOSPITAL, LP 5445 LA BRANCH ST HOUSTON, TX 77004 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,247.17
3.3677	Nonpriority creditor's name and mailing address UTMB CORRECTIONAL MANAGED CARE DONNA K SOLLENBERGER MA EVP AND CEO 301 UNIVERSITY BLVD GALVESTON, TX 77555 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375,079.06
3.3678	Nonpriority creditor's name and mailing address UTMB FACULTY GROUP PRACTICE PO BOX 650859 DEPT 710 DALLAS, TX 75265-0859 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,231.43

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			Amount of claim
3.3679	Nonpriority creditor's name and mailing address UTMB HEALTHCARE SYSTEMS PO BOX 15548 AUSTIN, TX 78761 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$644.71
3.3680	Nonpriority creditor's name and mailing address VASAMED, INC. 7615 GOLDEN TRIANGLE DRIVE STE A EDEN PRAIRIE, MN 55344 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$880.00
3.3681	Nonpriority creditor's name and mailing address VENTURA EMS 5907 THEALL RD HOUSTON, TX 77066 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,850.75
3.3682	Nonpriority creditor's name and mailing address VERATHON, INC 20001 NORTH CREEK PKWY BOTHELL, WA 98011-8218 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$775.83
3.3683	Nonpriority creditor's name and mailing address VITAL CARE REPS INC 18470 THOMPSON COURT SUITE 1B TINLEY PARK, IL 60477 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,639.10

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			Amount of claim
3.3684	Nonpriority creditor's name and mailing address VOLCANO CORPORATION 2870 KILGORE ROAD RANCHO CORDOVA, CA 95670 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,545.00
3.3685	Nonpriority creditor's name and mailing address VYAIR MEDICAL INC. 26125 N RIVERWOODS BOULEVARD METTAWA, IL 60045 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,242.58
3.3686	Nonpriority creditor's name and mailing address W L GORE & ASSOCIATES INC PO BOX 751331 CHARLOTTE, NC 28275 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,846.00
3.3687	Nonpriority creditor's name and mailing address WARRIER, ANIL 4065 FOUNTAIN PLAZA DR BOOKFIELD, WI 53005 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,031.87
3.3688	Nonpriority creditor's name and mailing address WELLCARE 8725 HENDERSON ROAD TAMPA, FL 33634 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.77

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			Amount of claim
3.3689	Nonpriority creditor's name and mailing address WEST HOUSTON RADIOLOGY ASSOC PO BOX 4346 DEPT 488 HOUSTON, TX 77210-4346 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,815.93
3.3690	Nonpriority creditor's name and mailing address WILSON FIRE EQUIPMENT SERVICE 7303 EMPIRE CENTRAL DR HOUSTON, TX 77040-3214 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,428.87
3.3691	Nonpriority creditor's name and mailing address WOLTERS KLUWER HEALTH, INC 8425 WOODFIELD CROSSING BLVD SUITE 490 INDIANAPOLIS, IN 46240-2495 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,570.78
3.3692	Nonpriority creditor's name and mailing address WRIGHT MEDICAL TECH INC PO BOX 503482 ST LOUIS, MO 63150-3482 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,429.00
3.3693	Nonpriority creditor's name and mailing address XEROX BUSINESS SOLUTIONS SOUTHWEST 8200 IH 10 WEST SAN ANTONIO, TX 78230 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,364.34

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			Amount of claim
3.3694	Nonpriority creditor's name and mailing address XEROX CORPORATION PO BOX 202882 DALLAS, TX 75320-2882 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,895.96
3.3695	Nonpriority creditor's name and mailing address YELLOW PAGES PO BOX 50038 JACKSONVILLE, FL 32240-0038 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$792.00
3.3696	Nonpriority creditor's name and mailing address YORK RISK SERVICES PO BOX 183188 COLUMBUS, OH 43218 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: IDENTIFIED OVERPAYMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,096.17
3.3697	Nonpriority creditor's name and mailing address ZEBRA TECHNOLOGIES INT'L LLC 333 CORPORATE WOODS PARKWAY VERNON HILLS, IL 60061-3109 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,950.00
3.3698	Nonpriority creditor's name and mailing address ZOLL SERVICES PO BOX 644321 PITTSBURGH, PA 15264-4321 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,120.70

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	NOT APPLICABLE
5b. Total claims from Part 2	5b. +	\$18,513,264.77
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$18,513,264.77

Fill in this information to identify the case:Debtor WALKER COUNTY HOSPITAL CORP., D/B/A HUNTSVILLE MEMORIAL HOSPITALUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISIONCase number 19-36300
(if known)☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****04/19****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT #1 TO SOFTWARE LICENSE AGREEMENT FOR PREMIER MEMBERS	3M COMPANY ATTN HEATHER BERTOTTI 575 W MURRAY BLVD MURRAY, UT 84123-4611
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT 3 TO THE SOFTWARE LICENSE AND SERVICES AGREEMENT	3M COMPANY ATTN PAULETTE BRIMLEY 575 W MURRAY BLVD MURRAY, UT 84123-4611
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT 4 TO SOFTWARE LICENSE AGREEMENT AMENDS SOFTWARE LICENSE AGREEMENT DTD 8/29/2005	3M COMPANY ATTN PAULETTE BRIMLEY 575 W MURRAY BLVD MURRAY, UT 84123-4611
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT 3 TO THE SOFTWARE LICENSE AND SERVICES AGREEMENT	3M COMPANY PO BOX 844127 DALLAS, TX 75284-4127

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT 1 TO BUSINESS ASSOCIATE AGREEMENT</p>	<p>3M HEALTH INFORMATION SYSTEMS INC ATTN PAULETTE BRIMLEY 575 W MURRAY BLVD MURRAY, UT 84123-4611</p>
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO THE FACILITY PARTICIPATION AGREEMENT DATED JANUARY 1, 2013</p>	<p>ABBOTT LABORATORIES INC 100 ABBOTT PARK ROAD</p> <p>ABBOT PARK, IL 60064</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO PRICING AGREEMENT DTD 9/1/2016 AMENDS HPG PURCHASING AGREEMENT #S 3037 3041 3310 3322</p>	<p>ABBOTT LABORATORIES INC ATTN CONTRACT OPS 6300 BEE CAVE RD, BLDG 2, STE 100 AUSTIN, TX 78476</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE & TECHNOLOGY PLAN PURCHASE AGREEMENT CUSTOMER NO 1000038744</p>	<p>ABBOTT LABORATORIES INC ATTN CONTRACT OPS 6300 BEE CAVE RD, BLDG 2, STE 100 AUSTIN, TX 78476</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONFIRMATION OF COMMITMENT OF ABSORB GT1 BY PROPERTY TRAINED PHYSICIANS DTD 10/20/2016 CONTRACT 38782</p>	<p>ABBOTT LABORATORIES INC ATTN KAREN GROENINGER, OPS MGR DEPT CCMT, CP1-4 100 ABBOTT PARK RD ABBOTT PARK, IL 60064-6095</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EQUIPMENT SERVICE AGREEMENT DTD 3/2/2016 CUSTOMER NUMBER 50365428</p> <p>3/20/2020</p>	<p>ABBOTT LABORATORIES INC ATTN KAREN GROENINGER, OPS MGR DEPT CCMT, CP1-4 100 ABBOTT PARK RD ABBOTT PARK, IL 60064-6095</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDMENT AMENDS FACILITY PARTICIPATION AGREEMENT DTD 1/1/2013</p> <p>State the term remaining 12/31/2019</p> <p>List the contract number of any government contract</p>		<p>ABBOTT LABORATORIES INC ATTN LAUREN BAILEY CONTRACT & PRICING DEPT 720Q, 723 200 ABBOTT PARK RD ABBOTT PARK, IL 60064</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LETTER RE: ACCOUNT NUMBER 27519 DTD 10/20/2016</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>ABBOTT LABORATORIES INC ATTN MGR CONT MKTG 3650 MANSELL RD, STE 200 APHARETTA, GA 30022</p>
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>PRICING AGREEMENT RE: HPG AGREEMENT #S 3037 3041 3310 3322</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>ABBOTT LABORATORIES INC ATTN MGR CONT MKTG 3650 MANSELL RD, STE 200 APHARETTA, GA 30022</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDMENT TO THE FACILITY PARTICIPATION AGREEMENT DATED JANUARY 1, 2013</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>ABBOTT LABORATORIES INC ATTN STEPHANIE ORGAN, DIRECTOR D-850, AP52 200 ABBOTT PARK RD ABBOTT PARK, IL 60064-6214</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDMENT AMENDS FACILITY PARTICIPATION AGREEMENT DTD 1/1/2013</p> <p>State the term remaining 12/31/2019</p> <p>List the contract number of any government contract</p>		<p>ABBOTT LABORATORIES INC ATTN STEPHANIE ORGAN, DIRECTOR D-D850, AP52 200 ABBOTT PARK RD ABBOTT PARK, IL 60064-6214</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDMENT 146212 AMENDS FACILITY PARTICIPATION AGREEMENT DTD 1/1/2013</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>ABBOTT LABORATORIES INC ATTN STEPHANIE ORGAN, DIRECTOR D-D850, AP52 200 ABBOTT PARK RD ABBOTT PARK, IL 60064-6214</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.17	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT 146212 AMENDS FACILITY PARTICIPATION AGREEMENT 1/1/2013	ABBOTT LABORATORIES INC ATTN STEPHANIE ORGAN, DIRECTOR D-D850, AP52 200 ABBOTT PARK RD ABBOTT PARK, IL 60064-6214
2.18	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	EXHIBIT A - INVENTORY STOCKING AGREEMENT DTD 10/20/2016 ACCOUNT # 27519 LOCATION CR-DEFAULT	ABBOTT LABORATORIES INC ATTN STEPHANIE ORGAN, DIRECTOR D-D850, AP52 200 ABBOTT PARK RD ABBOTT PARK, IL 60064-6214
2.19	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CONSIGNMENT AGREEMENT ADDENDUM TO CONTRACT DTD 4/17/2014 RE: CONSIGNMENT AGREEMENT DTD 4/17/2014	ABBOTT MEDICAL OPTICS ATTN DIXIE REA, CONSIGNMENT ASSOC 1700 EAST ST ANDREW PL SANTA ANA, CA 92705
2.20	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	COMMERCIAL PEST CONTROL PROPOSAL & SERVICE AGREEMENT	ABC PEST & LAWN SERVICES ATTN CLAY SCHMIDTKE 4202 STATE HWY 6 S COLLEGE STATION, TX 77845
2.21	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEDICAL DIRECTOR AGREEMENT CARDIOLOGY SERVICES	ABDULLAH, ARIF B, MD 102 MEDICAL PARK LN HUNTSVILLE, TX 77340
2.22	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CERTIFACTS ONLINE SUBSCRIPTION AGREEMENT	ABMS SOLUTIONS LLC ATTN DAVID COURSEY 3525 PIEDMONT RD, BLDG 5, STE 2 ATLANTA, GA 30305

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CERTIFACTS ONLINE SUBSCRIPTION AGREEMENT	<p>ABMS SOLUTIONS LLC ATTN JOHATTN N D MANDELBAUM, CLO 353 N CLARK ST, STE 1400 CHICAGO, IL 60654</p>
2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO VENDOR CONTRACT DTD 1/7/2016 RE: STAFFING AGREEMENT CONTRACT DTD 12/16/2015</p>	<p>ACCOUNTABLE HEALTHCARE STAFFING INC ATTN LEGAL DEPT 999 YAMATO RD, STE 210 BOCA RATON, FL 33431</p>
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STAFFING AGREEMENT	<p>ACCOUNTABLE HEALTHCARE STAFFING INC ATTN LEGAL DEPT 999 YAMATO RD, STE 210 BOCA RATON, FL 33431</p>
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STATEMENT OF WORK DTD 10/31/2018	<p>ACCUDATA SYSTEMS ATTN TERRY DICKSON 10713 W SAM HOUSTON PKWY N, STE 600 HOUSTON, TX 77064</p>
2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RENTAL AGREEMENT	<p>ACE PORTABLE BUILDINGS AND SELF STORAGE, INC. 3151 OLD HOUSTON ROAD</p> <p>HUNTSVILLE, TX 77340</p>
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RENTAL AGREEMENT CONTRACT DTD 7/2/2018 CODE 03459</p>	<p>ACE SELF STORAGE 3151 OLD HOUSTON RD HUNTSVILLE, TX 77340</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FIRST AMENDMENT TO SERVICE AGREEMENT	<p>ADJUVANT LLC PO BOX 2116</p> <p>ST CLOUD, MN 56302-2116</p>
2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADVANCED HEALTH EDUCATION CENTER ADDENDUM TO CONTRACT	<p>ADVANCED HEALTH EDUCATION CENTER D/B/A MEDRELIEF STAFFING ATTN JENCE CANTU 8502 TYBOR HOUSTON, TX 77074</p>
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGENCY/FACILITY AGREEMENT	<p>ADVANCED HEALTH EDUCATION CENTER D/B/A MEDRELIEF STAFFING ATTN JENCE CANTU 8502 TYBOR HOUSTON, TX 77074</p>
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT QUOTE WITH REQUALIFICATION	<p>ADVANCED STERILIZATION PRODUCTS SERVICES, INC. 33 TECHNOLOGY DRIVE</p> <p>IRVINE, CA 92618</p>
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLEMENTAL STAFFING AGREEMENT DTD 1/1/2017	<p>ADVANCE'D TEMPORARIES INC ATTN DENISE VANSAU PO BOX 8022 1221 WSW LOOP 323 TYLER, TX 75711</p>
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STAFFING AGREEMENT	<p>ADVANTAGE RN LLC ATTN RICO PANANGANAN, BUS DEV 4184 RELIABLE PKWY CHICAGO, IL 60686-0041</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.35	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDENDUM # 1 TO THE LETTER OF AGREEMENT RE: LETTER OF AGREEMENT DTD 5/20/2010	ADVISORY BOARD COMPANY, THE ATTN KIMBRA WELLS-METZ, MANAGING DIR 2445 M ST NW WASHINGTON, DC 20037
2.36	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT TO THE LETTER OF AGREEMENT-CRIMSON MARKET ADVANTAGE (PLANNING 20/20) DTD 7/31/2017 AMENDS LETTER OF AGREEMENT DTD 12/12/2014 12/30/2020	ADVISORY BOARD COMPANY, THE ATTN KIMBRA WELLS-METZ, MANAGING DIR 2445 M ST NW WASHINGTON, DC 20037
2.37	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT TO THE LETTER OF AGREEMENT-CRIMSON MARKET ADVANTAGE (PLANNING 20/20) DTD 8/9/2017 AMENDS LETTER OF AGREEMENT DTD 12/12/2014 12/30/2020	ADVISORY BOARD COMPANY, THE ATTN KIMBRA WELLS-METZ, MANAGING DIR 2445 M ST NW WASHINGTON, DC 20037
2.38	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEDICAID AND CHIP AND DUAL-ELIGIBLE HOSPITAL SERVICES AGREEMENT	AETNA DBA AETNA BETTER HEALTH PO BOX 14079 LEXINGTON, KY 40512
2.39	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AETNA EXCHANGE AMENDMENT	AETNA EXCHANGE PO BOX 14079 LEXINGTON, KY 40512
2.40	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AETNA EXCHANGE AMENDMENT	AETNA EXCHANGE PO BOX 9201 AUSTIN, TX 78766

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AETNA HEALTH PLANS OF TEXAS AGREEMENT</p>	<p>AETNA HEALTH PLANS OF TEXAS PO BOX 415615</p> <p>BOSTON, MA 02241-5615</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AETNA MEDICARE ADVANTAGE NETWORK MEDICARE AMENDMENT</p>	<p>AETNA MEDICARE ADVANTAGE NETWORK 12455 WESTPARK DR H15</p> <p>HOUSTON, TX 77082</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HELICOPTER LANDING ZONE AGREEMENT</p>	<p>AIR EVAC EMS INC ATTN JOE GRYGIEL, SR DIRECTOR BASE OPS 1001 BOARDWALK SPRINGS PL, STE 250 O'FALLON, MO 63368</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ALAMO HOSPICE OF LIVINGSTON AGREEMENT</p>	<p>ALAMO HOSPICE OF LIVINGSTON ATTN ADMINISTRATION 317 W CHURCH ST, STE 112</p> <p>LIVINGSTON, TX 77351</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>IMPATIENT SERVICES AGREEMENT</p>	<p>ALAMO HOSPICE OF LIVINGSTON ATTN ADMINISTRATION 317 W CHURCH ST, STE 112 LIVINGSTON, TX 77351</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INPATIENT SERVICES AGREEMENT</p>	<p>ALAMO HOSPICE OF LIVINGSTON ATTN ADMINISTRATION 317 W CHURCH ST, STE 112 LIVINGSTON, TX 77351</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	<p>ALI RAZA M.D. 91 SOUTH DOWNY WILLOW CIRCLE</p> <p>SPRING, TX 77382</p>
2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ALLIANCE (POLITICAL SUBDIVISION WORK COMP) DIRECT CONTRACT AGREEMENT	<p>ALLIANCE (POLITICAL SUBDIVISION WORK COMP) PO BOX 203065</p> <p>AUSTIN, TX 78720</p>
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ALLIED SEARCH AGREEMENT	<p>ALLIED STAFFING NETWORK LLC 4055 VALLEY VIEW LN, STE 300 DALLAS, TX 75244</p>
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ALLIED SEARCH AGREEMENT	<p>ALLIED STAFFING NETWORK LLC 95 ARGONAUT, STE 220 ALISO VIEJO, CA 92656</p>
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HOSPITAL PARTICIPATION AGREEMENT	<p>AMERICAN HEART ASSOCIATION INC ATTN LOUISE MORGAN, NATIONAL DIR, GET WITH THE GUIDELINES 7272 GREENVILLE AVE DALLAS, TX 75231</p>
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CREDENTIALING SERVICES AGREEMENT DTD 1/11/2016 AMA ACCOUNT NUMBER 48HP02322	<p>AMERICAN MEDICAL ASSOCIATION 515 N STATE ST</p> <p>CHICAGO, IL 60610</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMERIGROUP AGREEMENT	<p>AMERIGROUP PO BOX 933657</p> <p>ATLANTA, GA 31193-3657</p>
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMERIGROUP AGREEMENT	<p>AMERIGROUP PO BOX 933657</p> <p>ATLANTA, GA 31193-3657</p>
2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMERIHEALTH CARITAS AGREEMENT	<p>AMERIHEALTH CARITAS PO BOX 7322</p> <p>LONDON, KY 40742-7322</p>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMERIHEALTH CARITAS AGREEMENT	<p>AMERIHEALTH CARITAS PO BOX 7322</p> <p>LONDON, KY 40742-7322</p>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INTRAOCULAR LENS CONSIGNMENT AGREEMENT DTD 4/17/2014	<p>AMO SALES & SERVICE INC ATTN DIXIE REA, CONSIGNMENT ASSOC 1700 EAST ST ANDREW PL SANTA ANA, CA 92705</p>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	WEB BASED END USER LICENSE AGREEMENT	<p>ANGELICA CORPORATION 3939 MARKET ST SAN DIEGO, CA 92102</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT NO 1 AMENDS LINEN & LAUNDRY SERVICES CONTRACT DTD 11/10/2014</p>	<p>ANGELICA TEXTILE SERVICES, INC. ANGELICA - HOUSTON 1441 LATHROP ST HOUSTON, TX 77020</p>
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT NO 2 AMENDS LINEN & LAUNDRY SERVICES CONTRACT DTD 11/10/2014</p>	<p>ANGELICA TEXTILE SERVICES, INC. ANGELICA - HOUSTON 1441 LATHROP ST HOUSTON, TX 77020</p>
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT NO 3 AMENDS LINEN & LAUNDRY SERVICES CONTRACT DTD 11/10/2014</p>	<p>ANGELICA TEXTILE SERVICES, INC. ANGELICA - HOUSTON 1441 LATHROP ST HOUSTON, TX 77020</p>
2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LINEN & LAUNDRY SERVICES CONTRACT</p>	<p>ANGELICA TEXTILE SERVICES, INC. ANGELICA - HOUSTON 1441 LATHROP ST HOUSTON, TX 77020</p>
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROGRAM AFFILIATION AGREEMENT</p>	<p>ANGELO STATE UNIVERSITY 2601 W AVE N SAN ANGELO, TX 76909</p>
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HIPPA BUSINESS ASSOCIATE AGREEMENT RE: CONSULTING SERVICES AGREEMENT</p>	<p>AON CONSULTING INC C/O AON HEWITT ATTN CHIEF COUNSEL 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.65	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER CONSULTING AGREEMENT	AON CONSULTING INC C/O AON HEWITT ATTN CHIEF COUNSEL 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302
2.66	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	RE: HEALTH & BENEFIT SERVICES AGREEMENT DTD 3/6/2013	AON CONSULTING INC C/O AON HEWITT ATTN CHIEF COUNSEL 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302
2.67	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	STATEMENT OF WORK EMPLOYEE BENEFIT PLAN CONSULTING SERVICES REPLACES LETTER OF ENGAGEMENT DTD 10/27/2015	AON CONSULTING INC C/O AON HEWITT ATTN CHIEF COUNSEL 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302
2.68	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	STATEMENT OF WORK EMPLOYEE BENEFIT PLAN CONSULTING SERVICES RE: MASTER CONSULTING AGREEMENT DTD 1/1/2017 12/31/2019	AON CONSULTING INC C/O AON HEWITT ATTN CHIEF COUNSEL 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302
2.69	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CONFIDENTIALITY AGREEMENT THIRD PARTY CO RECIPIENT FOR CURRENT CUSTOMER	AON CONSULTING INC D/B/A AON HEWITT ATTN BRIAN M FERN VP 1001 BRICKELL BAY DR, STE 1000 MIAMI, FL 33131
2.70	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	STATEMENT OF WORK	AON CONSULTING, INC. C/O AON HEWITT ATTN CHIEF COUNSEL 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AFFORDABLE CARE ACT 6055/6056 2015 TAX REPORTING-DATA ONLY SOLUTION DTD 10/13/2015</p>	<p>AON HEWITT C/O AON HEWITT ATTN CHIEF COUNSEL 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302</p>
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CHANGE ORDER</p>	<p>AONHEWITT 1001 BRICKELL BAY DR, STE 1000 MIAMI, FL 33131</p>
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HEALTH & BENEFITS SERVICES AGREEMENT</p>	<p>AONHEWITT 1001 BRICKELL BAY DR, STE 1000 MIAMI, FL 33131</p>
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT #1 TO THE API SOFTWARE LICENSE EQUIPMENT AND SERVICES PURCHASE AGREEMENT</p>	<p>API HEALTHCARE CORPORATION ATTN ACCOUNTS RECEIVABLE 1550 INNOVATION WAY HARTFORD, WI 53027</p>
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #084926</p>	<p>API HEALTHCARE CORPORATION ATTN ANDREW FEELY 1550 INNOVATION WAY HARTFORD, WI 53027</p>
2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #092725</p>	<p>API HEALTHCARE CORPORATION ATTN ANDREW FEELY 1550 INNOVATION WAY HARTFORD, WI 53027</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.77	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PURCHASE ORDER #093945	API HEALTHCARE CORPORATION ATTN ANDREW FEELY 1550 INNOVATION WAY HARTFORD, WI 53027
2.78	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PURCHASE ORDER #095146	API HEALTHCARE CORPORATION ATTN ANDREW FEELY 1550 INNOVATION WAY HARTFORD, WI 53027
2.79	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDENDUM TO CONTRACT	API HEALTHCARE CORPORATION ATTN JOHN P FINGADO, PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027
2.80	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT #1 TO THE API SOFTWARE LICENSE, EQUIPMENT AND SERVICES AGREEMENT AMENDS API SOFTWARE LICENSE, EQUIPMENT AND SERVICE AGREEMENT DTD 12/31/2008	API HEALTHCARE CORPORATION ATTN JOHN P FINGADO, PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027
2.81	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	API HEALTHCARE PRODUCTS AND SERVICES CLIENT CODE HMTX347	API HEALTHCARE CORPORATION ATTN JOHN P FINGADO, PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027
2.82	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	API SOFTWARE LICENSE EQUIPMENT AND SERVICES PURCHASE AGREEMENT ADDENDUM AMENDS API SOFTWARE LICENSE, EQUIPMENT AND SERVICES PURCHASE AGREEMENT DTD 12/31/2008	API HEALTHCARE CORPORATION ATTN JOHN P FINGADO, PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	NAVIGATOR ACUALITY HARDWARE REQUIREMENTS	<p>API LABOR WORKX SUITE ATTN JOHN P FINGADO, PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE ORDER #084926 DTD 8/8/2013	<p>API SOFTWARE INC ATTN ANDREW FEELY 1550 INNOVATION WAY HARTFORD, WI 53027</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	API SOFTWARE LICENSE, EQUIPMENT AND SERVICES PURCHASE AGREEMENT	<p>API SOFTWARE INC ATTN JOHN P FINGADO, PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	API SOFTWARE LICENSE, EQUIPMENT AND SERVICES PURCHASE AGREEMENT	<p>API SOFTWARE INC ATTN JOHN P FINGADO, PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE ORDER #095146 DTD 6/4/2015	<p>API SOFTWARE INC ATTN JOHN P FINGADO, PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE ORDER #093945	<p>API ATTN JOHN FINGADO PRESIDENT/CEO 1550 INNOVATION WAY HARTFORD, WI 53027</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT	APPELT, ERIC A, MD
2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	WIRELESS COMMUNICATION SERVICES AGREEMENT	ARCH WIRELESS HOLDINGS INC ATTN STEVEN HEAL, REGIONAL VP 5177 RICHMOND, STE 400 HOUSTON, TX 77056
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CLIENT AGREEMENT DTD 3/14/2013	AREUS RADIOLOGY LLC ATTN CONTRACTS DEPT 13609 CALIFORNIA ST OMAHA, NE 68154
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	ARIF B. ABDULLAH, M.D. 102 MEDICAL PARK LN HUNTSVILLE, TX 77340
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DVT VASCULAR COMPRESSION TRANSACTION AGREEMENT RE: PURCHASING AGREEMENT DTD 11/1/2011	ARJOHUNTLEIGH INC 2349 WEST LAKE STREET ADDISON, IL 60101
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MOBILE ASSESSMENT AGREEMENT	ASPIRE HOSPITAL LLC ATTN CEO 2006 S LOOP 336 W, STE 500 CONROE, TX 77304

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.95	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PATIENT TRANSFER AGREEMENT	ASPIRE HOSPITAL LLC ATTN CEO 2006 S LOOP 336 W, STE 500 CONROE, TX 77304
2.96	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER AGREEMENT	AT&T CORP PO BOX 5011 CAROL STREAM, IL 60197-5011
2.97	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER AGREEMENT	AT&T CORP PO BOX 85340 LOUISVILLE, KY 40285-5340
2.98	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER AGREEMENT REF NO MA50002241UA CONTRACT ID NO SDN41QHC0 CONTRACT ID 4689234	AT&T ATTN JAMES ROMERO 221 VENTURE WAY LAFAYETTE, LA 70507
2.99	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER AGREEMENT REF NO MA50002241UA CONTRACT ID NO SDN41QHC0 CONTRACT ID 4689234	AT&T ATTN MASTER AGMT SUPPORT TEAM ONE AT&T WAY BEDMIMISTER, NJ 07921
2.100	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDENDUM TO CONTACT DTD 5/23/2019 RE: CONTACT DTD 5/23/2019	ATLAS MEDSTAFF ATTN TAYLOR CHRISTENSEN 11159 MILL VALLEY RD OMAHA, NE 68154

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR CONTRACTOR SERVICES</p> <p>5/15/2020</p>	<p>ATLAS MEDSTAFF ATTN TAYLOR CHRISTENSEN 11159 MILL VALLEY RD OMAHA, NE 68154</p>
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLIENT AGREEMENT SHORT FORM DTD 1/1/2010 RE: CLIENT AGREEMENT DTD 1/1/2010</p>	<p>AUREUS NURSING LLC ATTN MANAGER 13609 CALIFORNIA, STE 200 OMAHA, NE 68154-5260</p>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLIENT AGREEMENT</p>	<p>AUREUS RADIOLOGY, LLC 11825 Q ST OMAHA, NE 68137-3503</p>
2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT</p>	<p>AUTOPSY & PATHOLOGY SERVICES INC ATTN JESSIE ADAME MD 3007 WOODLAND HILLS DR, #123 KINGWOOD, TX 77339-1403</p>
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p>	<p>AUTOPSY & PATHOLOGY SERVICES PA ATTN JESSIE ADAME MD 3007 WOODLAND HILLS DR, #123 KINGWOOD, TX 77339-1403</p>
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUPPLEMENTAL STAFFING AGREEMENT</p>	<p>AYA HEALTHCARE INC ATTN ALAN BRAYNIN, PRES & CEO 5930 CORNERSTONE CT W, #300 SAN DIEGO, CA 92121</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DIRECT PRODUCTS PRICING AGREEMENT CONTRACT #86142-00-0</p>	<p>BARD ACCESS SYSTEMS INC 605 N 5600 W SALT LAKE CITY, UT 84116</p>
2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO CONTRACT RE: SERVICE AGREEMENT DTD 7/8/2019</p>	<p>BAYER HEALTHCARE LLC ATTN JAIME DUFRESNE 1 BAYER DR INDIANOLA, PA 15051</p>
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p> <p>7/7/2020</p>	<p>BAYER HEALTHCARE LLC ATTN JAIME DUFRESNE 1 BAYER DR INDIANOLA, PA 15051</p>
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO THE AGREEMENTS AMENDS THE AGREEMENTS DATED 7/15/1999</p>	<p>BAYLOR COLLEGE OF MEDICINE C/O DEPT OF PATHOLOGY ATTN DAVID M TITUS, SR DIR OPS & ADMIN 1 BAYLOR PLAZA, STE 286A HOUSTON, TX 77030</p>
2.111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HISTOLOGY PROCESSING AND TRANSCRIPTION AGREEMENT</p>	<p>BAYLOR COLLEGE OF MEDICINE D/B/A BCM PATHOLOGY ATTN DAVID M TITUS, DIR BUSINESS DEVELOPMENT 1 BAYLOR PLAZA, RM 286A HOUSTON, TX 77030</p>
2.112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HISTOLOGY PROCESSING AND TRANSCRIPTION AGREEMENT</p>	<p>BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN OFFICE OF GENERAL COUNSEL 1 BAYLOR PLAZA, STE 106A HOUSTON, TX 77030</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICE AGREEMENT ADDENDUM THREE RE: PROFESSIONAL SERVICES AGREEMENT DTD 7/1/2010</p>	<p>BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN OFFICE OF GENERAL COUNSEL 1 BAYLOR PLAZA, STE 106A HOUSTON, TX 77030</p>
2.114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICE AGREEMENT ADDENDUM TWO RE: PROFESSIONAL SERVICES AGREEMENT DTD 7/1/2010</p>	<p>BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN OFFICE OF GENERAL COUNSEL 1 BAYLOR PLAZA, STE 106A HOUSTON, TX 77030</p>
2.115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICES AGREEMENT ADDENDUM ONE RE: PROFESSIONAL SERVICES AGREEMENT DTD 7/1/2010</p>	<p>BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN OFFICE OF GENERAL COUNSEL 1 BAYLOR PLAZA, STE 106A HOUSTON, TX 77030</p>
2.116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICES AGREEMENT DTD 7/1/2010</p>	<p>BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN OFFICE OF GENERAL COUNSEL 1 BAYLOR PLAZA, STE 106A HOUSTON, TX 77030</p>
2.117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HISTOLOGY PROCESSING AND TRANSCRIPTION AGREEMENT</p>	<p>BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN PRESIDENT AND CEO 1 BAYLOR PLAZA, STE 286A HOUSTON, TX 77030</p>
2.118	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HUNTSVILLE MEMORIAL HOSPITAL HISTOLOGY PROCESSING AND TRANSCRIPTION AGREEMENT</p>	<p>BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN SR DIR OPS & ADMIN 1 BAYLOR PLAZA, STE 286A HOUSTON, TX 77030</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.119	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	LICENSE AGREEMENT DTD 9/8/2005	BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN SR DIR OPS & ADMIN 1 BAYLOR PLAZA, STE 286A HOUSTON, TX 77030
2.120	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PROFESSIONAL SERVICES AGREEMENT DTD 7/1/2010	BAYLOR COLLEGE OF MEDICINE D/B/A COMMUNITY OF PATHOLOGY ASSOCIATES ATTN SR DIR OPS & ADMIN 1 BAYLOR PLAZA, STE 286A HOUSTON, TX 77030
2.121	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEDICAL GAS PREVENTATIVE MAINTENANCE AGREEMENT DTD 7/31/2019 9/1/2020	BEACON MEDAES LLC 1059 PARAGON WAY ROCK HILL, SC 29730
2.122	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ANNUAL SERVICE AGREEMENT RENEWAL FOR DXH600 (2)	BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100
2.123	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ANNUAL SERVICE AGREEMENT RENEWAL FOR DXH600 (2)	BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100
2.124	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PURCHASE ORDER #094652 RE: ANNUAL SERVICE AGREEMENT S91587US	BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #099010 RE: ANNUAL SERVICE CONTRACT FOR MICROSCAN WA40 PLUS & LABPRO COMPUTER WORK STATION</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #102167</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #103922 RE: AGREEMENT S91587US</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #108364</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #113116</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.130	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #114107</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.131	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 2/20/2020</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #115794 RE: WA40 PLUS SERVICE AGREEMENT</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.132	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 8/7/2020</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #116987 RE: DXH600 SERVICE AGREEMENT</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.133	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #120788</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.134	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT RENEWAL FOR DXH600 (2)</p>	<p>BECKMAN COULTER INC 4300 N HARBOR BLVD PO BOX 3100 FULLERTON, CA 92834-3100</p>
2.135	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S89598US</p>	<p>BECKMAN COULTER INC ATTN IRVING OSSORIO 11800 SW 147TH AVE, MC 42-B06 PO BOX 169015 MIAMI, FL 33116-9015</p>
2.136	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S89598US</p>	<p>BECKMAN COULTER INC ATTN IRVING OSSORIO 11800 SW 147TH AVE, MC 42-B06 PO BOX 169015 MIAMI, FL 33116-9015</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.137	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S91587US</p>	<p>BECKMAN COULTER INC ATTN IRVING OSSORIO 11800 SW 147TH AVE, MC 42-B06 PO BOX 169015 MIAMI, FL 33116-9015</p>
2.138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S91587US</p>	<p>BECKMAN COULTER INC ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>
2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S91587US</p>	<p>BECKMAN COULTER INC ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S91587US</p>	<p>BECKMAN COULTER INC ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAGENT ONLY AGREEMENT</p> <p>10/19/2023</p>	<p>BECKMAN COULTER INC ATTN LEONARD NGAYAN 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92821-8000</p>
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S66306US</p>	<p>BECKMAN COULTER INC ATTN MABEL ARENCIBIA 11800 SW 147TH AVE, MC 42-B06 PO BOX 169015 MIAMI, FL 33116-9015</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S89598US</p>	<p>BECKMAN COULTER INC ATTN MABEL ARENCIBIA 11800 SW 147TH AVE, MC 42-B06 PO BOX 169015 MIAMI, FL 33116-9015</p>
2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S91587US</p>	<p>BECKMAN COULTER INC ATTN MABEL ARENCIBIA 11800 SW 147TH AVE, MC 42-B06 PO BOX 169015 MIAMI, FL 33116-9015</p>
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S91587US</p>	<p>BECKMAN COULTER INC ATTN MABEL ARENCIBIA MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>
2.146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HEREMATOLOGY CONTRACT RE: CONTRACT #500026 DTD 8/1/2012</p>	<p>BECKMAN COULTER INC ATTN NOEL BECNEL 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92821-8000</p>
2.147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAGENT ONLY AGREEMENT</p> <p>11/14/2020</p>	<p>BECKMAN COULTER INC ATTN NOEL BECNEL 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92821-8000</p>
2.148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAGENT ONLY AGREEMENT</p> <p>11/14/2023</p>	<p>BECKMAN COULTER INC ATTN NOEL BECNEL 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92821-8000</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAGENT RENTALS AND LEASES RE: CONTRACT #500290 DTD 5/1/2011</p> <p>1/18/2022</p>	<p>BECKMAN COULTER INC ATTN NOEL BECNEL 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92821-8000</p>
2.150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>36 MONTH EXTENSION AGREEMENT</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>60-MONTH REAGENT RENTAL AGREEMENT FOR IRICELL 1500</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S91587US</p> <p>2/20/2020</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT TO FIX THE COSTS FOR CONSUMABLES, REAGENTS & SERVICE FOR MICROBIOLOGY</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT TO FIX THE COSTS FOR CONSUMABLES, REAGENTS & SERVICE FOR MICROBIOLOGY</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDMENT TO AGREEMENT AMENDS QUOTE #53093US/193150217</p> <p>State the term remaining 8/8/2022</p> <p>List the contract number of any government contract</p>		<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.156	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDMENT TO AGREEMENT FOR SXH600 (2)</p> <p>State the term remaining 8/8/2022</p> <p>List the contract number of any government contract</p>		<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.157	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ANNUAL SERVICE AGREEMENT RENEWAL FOR DXH600 (2)</p> <p>State the term remaining 8/7/2020</p> <p>List the contract number of any government contract</p>		<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.158	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ANNUAL SERVICE AGREEMENT RENEWAL FOR WA40 PLUS & LABPRO COMPUTER</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.159	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>BECKMAN COULTER CHEMISTRY EXTENSION AGREEMENT - COUNTER SIGNED EMAIL DTD 7/15/2019</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.160	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>COST SAVINGS - BECKMAN COULTER ANALYZER EXTENSION AGREEMENTS & PLANNED ANALYZER REPLACEMENTS MEMO DTD 9/19/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.161	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT #S89598US</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.162	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT RENEWAL FOR MICROBIOLOGY WALKAWAY 40 PLUS & LABPRO SERVICE AGREEMENT RENEWAL FOR MICROBIOLOGY WALKAWAY 40 PLUS & LABPRO</p> <p>2/20/2020</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.163	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE CONTRACT RENEWAL FOR WA40</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.164	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUISITION RE: DXH600 SERVICE AGREEMENT #S89598US</p> <p>8/7/2020</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.165	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUISITION RE: AGREEMENT S91587US</p> <p>2/20/2020</p>	<p>BECKMAN COULTER INC ATTN PATRICIA GARCIA 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.166	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAGENT ONLY AGREEMENT</p> <p>10/19/2020</p>	<p>BECKMAN COULTER INC ATTN STEPHEN HUGHES 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92821-8000</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.167	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REAGENT ONLY AGREEMENT</p> <p>11/14/2020</p>	<p>BECKMAN COULTER INC ATTN STEPHEN HUGHES 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92821-8000</p>
2.168	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMAIL CHAIN RE: BECKMAN COUTER - SERVICE AGREEMENT DTD 7/18/2019</p>	<p>BECKMAN COULTER INC ATTN TERESA SHOWN 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92821-6232</p>
2.169	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT #S89598US</p> <p>8/7/2020</p>	<p>BECKMAN COULTER INC ATTN TERESA SHOWN 250 S KRAEMER BLVD, MS A2-SW-12 PO BOX 8000 BREA, CA 92822-8000</p>
2.170	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TOTAL SERVICE AGREEMENT</p>	<p>BECKMAN COULTER ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>
2.171	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TOTAL SERVICE AGREEMENT</p>	<p>BECKMAN COULTER PO BOX 3100</p> <p>FULLERTON, CA 92834-3100</p>
2.172	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p>	<p>BECKMAN COULTER, INC ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.173	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT	BECKMAN COULTER, INC ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015
2.174	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT	BECKMAN COULTER, INC ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015
2.175	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT	BECKMAN COULTER, INC ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015
2.176	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT	BECKMAN COULTER, INC PO BOX 3100 FULLERTON, CA 92834-3100
2.177	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT	BECKMAN COULTER, INC PO BOX 3100 FULLERTON, CA 92834-3100
2.178	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT	BECKMAN COULTER, INC PO BOX 3100 FULLERTON, CA 92834-3100

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.179	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>BECKMAN COULTER, INC PO BOX 3100</p> <p>FULLERTON, CA 92834-3100</p>
2.180	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT	<p>BECKMAN COULTER, INC. ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>
2.181	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT TO AGREEMENT/QUOTE NUMBER 53093US /193150217	<p>BECKMAN COULTER, INC. ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>
2.182	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>BECKMAN COULTER, INC. ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015</p>
2.183	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT	<p>BECKMAN COULTER, INC. PO BOX 3100</p> <p>FULLERTON, CA 92834-3100</p>
2.184	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT TO AGREEMENT/QUOTE NUMBER 53093US /193150217	<p>BECKMAN COULTER, INC. PO BOX 3100</p> <p>FULLERTON, CA 92834-3100</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.185	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE AGREEMENT	BECKMAN COULTER, INC. PO BOX 3100 FULLERTON, CA 92834-3100
2.186	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	TERMS AND CONDITIONS FOR REAGENT RENTALS AND LEASES	BECKMAN COULTER, INC. ATTN IRVING OSSORIO MC 42-B06; PO BOX 169015 11800 SW 147TH AVE MIAMI, FL 33116-9015
2.187	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	TERMS AND CONDITIONS FOR REAGENT RENTALS AND LEASES	BECKMAN COULTER, INC. PO BOX 3100 FULLERTON, CA 92834-3100
2.188	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BD ACQUISITION AGREEMENT 3/8/2023	BECTON DICKINSON & COMPANY C/O BD LIFE SCIENCES - DIAGNOSTIC SYSTEMS BUS UNIT ATTN SUSAN YARBOROUGH, ASSOC DIR CONTRACTS 7 LOVETON CIR SPARKS, MD 21152
2.189	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BD ACQUISITION AGREEMENT 10/22/2023	BECTON DICKINSON & COMPANY C/O BD LIFE SCIENCES - DIAGNOSTIC SYSTEMS BUS UNIT ATTN SUSAN YARBOROUGH, ASSOC DIR CONTRACTS 7 LOVETON CIR SPARKS, MD 21152
2.190	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BD ACQUISITION AGREEMENT 3/6/2023	BECTON DICKINSON & COMPANY C/O BD LIFE SCIENCES - DIAGNOSTIC SYSTEMS BUS UNIT ATTN SUSAN YARBOROUGH, ASSOC DIR CONTRACTS 7 LOVETON CIR SPARKS, MD 21152

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.191	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO BD ACQUISITION AGREEMENT AMENDS AGREEMENT DTD 2/2/18</p>	<p>BECTON DICKINSON & COMPANY C/O BD LIFE SCIENCES - DIAGNOSTIC SYSTEMS BUS UNIT ATTN SUSAN YARBOROUGH, ASSOC DIR CONTRACTS 7 LOVETON CIR SPARKS, MD 21152</p>
2.192	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO CONTRACT RE: MOBILE ASSESSMENT SERVICES CONTRACT</p>	<p>BEHAVIORAL HEALTH CONNECTIONS INC ATTN TERRI HASKETT 1350 N BUCKNER BLVD, #100 DALLAS, TX 75218</p>
2.193	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT</p>	<p>BEHAVIORAL HEALTH CONNECTIONS INC ATTN TERRI HASKETT 1350 N BUCKNER BLVD, #100 DALLAS, TX 75218</p>
2.194	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MOBILE ASSESSMENT SERVICES AGREEMENT</p> <p>5/1/2020</p>	<p>BEHAVIORAL HEALTH CONNECTIONS INC ATTN TERRI HASKETT 1350 N BUCKNER BLVD, #100 DALLAS, TX 75218</p>
2.195	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NON-DISCLOSURE AGREEMENT</p> <p>4/9/2021</p>	<p>BERENSON CONSULTING GROUP INC D/B/A COMMUNITY INFUSION SOLUTIONS 1413 E I-30, STE 5 GARLAND, TX 75043</p>
2.196	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MUTUAL CONFIDENTIALITY AGREEMENT DTD 3/11/2015</p>	<p>BERKELEY RESEARCH GROUP LLC ATTN LEGAL DEPT 2200 POWELL ST, STE 1200 EMERYVILLE, CA 94608</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.197	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE ORDER	<p>BIRCH COMMUNICATIONS INC 140 GATEWAY DRIVE</p> <p>MACON, GA 31210</p>
2.198	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CLINICAL AFFILIATION AGREEMENT	<p>BLINN COLLEGE PO BOX 6030</p> <p>BRYAN, TX 77805</p>
2.199	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BLUE CROSS BLUE SHIELD OF TEXAS AGREEMENT	<p>BLUE CROSS BLUE SHIELD OF TEXAS 1800 WEST LOOP SOUTH SUITE 600</p> <p>HOUSTON, TX 77027</p>
2.200	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BLUE CROSS BLUE SHIELD OF TEXAS AGREEMENT	<p>BLUE CROSS BLUE SHIELD OF TEXAS 1800 WEST LOOP SOUTH SUITE 600</p> <p>HOUSTON, TX 77027</p>
2.201	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>BOSTON SCIENTIFIC CORPORATION 300 BOSTON SCIENTIFIC WAY</p> <p>MARLBOROUGH, MA 01752-1234</p>
2.202	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	IC GROWTH PARTNERSHIP	<p>BOSTON SCIENTIFIC CORPORATION 300 BOSTON SCIENTIFIC WAY</p> <p>MARLBOROUGH, MA 01752-1234</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.203	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	LETTER AGREEMENT DTD 1/25/2016	BOSTON SCIENTIFIC CORPORATION ATTN BRIAN MACKENZIE, REGIONAL SALES MGR 300 BOSTON SCIENTIFIC WAY MARLBOROUGH, MA 01752
2.204	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	POLARIS MULTI-MODALITY GUIDANCE SYSTEM DTD 7/23/19	BOSTON SCIENTIFIC CORPORATION ATTN CONTRACTS 300 BOSTON SCIENTIFIC WAY MARLBOROUGH, MA 01752
2.205	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	LETTER AGREEMENT DTD 1/25/2016	BOSTON SCIENTIFIC CORPORATION ATTN LEGAL/HIPAA 4100 HAMLINE AVE N ST PAUL, MN 55112-5798
2.206	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CONSIGNMENT STOCKING AGREEMENT	BOSTON SCIENTIFIC CORPORATION ATTN LPFI MANAGER 1 SCIMED PL MAPLE GROVE, MN 55311
2.207	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BUSINESS ASSOCIATE AGREEMENT	BOSTON SCIENTIFIC CORPORATION ATTN SR CORPORATE COUNSEL 300 BOSTON SCIENTIFIC WAY MARLBOROUGH, MA 01752
2.208	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	IC GROWTH PARTNERSHIP	BOSTON SCIENTIFIC CORPORATION ATTN SR CORPORATE COUNSEL 300 BOSTON SCIENTIFIC WAY MARLBOROUGH, MA 01752

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.209	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	POLARIS MULTI-MODALITY GUIDANCE SYSTEM DTD 7/23/19	BOSTON SCIENTIFIC CORPORATION ATTN SR CORPORATE COUNSEL 300 BOSTON SCIENTIFIC WAY MARLBOROUGH, MA 01752
2.210	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT TO PRICING AGREEMENT AMENDS AGREEMENT DTD 1/15/2014	BOSTON SCIENTIFIC CORPORATION ATTN SR CORPORATE COUNSEL 300 BOSTON SCIENTIFIC WAY MARLBOROUGH, MA 1752
2.211	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONSOLE USAGE AGREEMENT	BOSTON SCIENTIFIC 1 SCIMED PL MAPLE GROVE, MN 55311
2.212	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INVENTORY CONSIGNMENT AGREEMENT	BOSTON SCIENTIFIC 1 SCIMED PL MAPLE GROVE, MN 55311
2.213	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT 3/31/2020	BOYLE, LAWRENCE, MD 508 NORMAL PARK DR HUNTSVILLE, TX 77320
2.214	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	BOYLE, LAWRENCE, MD 508 NORMAL PARK DR HUNTSVILLE, TX 77320

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.215	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	<p>BOYLE, LAWRENCE, MD 643 I-45 S HUNTSVILLE, TX 77320</p>
2.216	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HEALTHTRUST PURCHASING GROUP PURCHASING AGREEMENT NO. 1304	<p>BRACCO DIAGNOSTICS INC PO BOX 101747</p> <p>ATLANTA, GA 30392-1747</p>
2.217	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	2018 MR LOYALTY PROGRAM AGREEMENT PURCHASE AGREEMENT #1304	<p>BRACCO DIAGNOSTICS INC PO BOX 978952</p> <p>DALLAS, TX 75397-8952</p>
2.218	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HEALTHTRUST PURCHASING GROUP PURCHASING AGREEMENT NO. 1304	<p>BRACCO DIAGNOSTICS INC PO BOX 978952</p> <p>DALLAS, TX 75397-8952</p>
2.219	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>BREG INC 2885 LOKER AVE E CARLSBAD, CA 92010</p>
2.220	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PRODUCT INVENTORY AGREEMENT	<p>BREG INC C/O PAUL RICHMOND, ESQ 2885 LOKER AVE E CARLSBAD, CA 92010</p>
		3/15/2020	

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.221	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ARUBA RENEWAL	BROADLEAF GROUP LLC, THE 1344 CROSSMAN AVE SUNNYDALE, CA 94089-1113
2.222	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EMC RENEWAL QUOTE #003607 DTD 10/31/2014	BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.223	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EMC RENEWAL QUOTE #003607	BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.224	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	NIMBLE RENEWAL QUOTE #008871 V1	BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.225	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PALO ALTO RENEWAL	BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.226	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PALO ALTO RENEWAL - QUOTE #005030 PURCHASE ORDER #094378	BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.227	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #092345 DTD 12/9/2014</p>	<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.228	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #095276 DTD 6/11/2015</p>	<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.229	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RE: EMC RENEWAL QUOTE #006014 DTD 5/12/2015</p>	<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.230	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOLARWINDS ANNUAL MAINTENANCE RENEWAL</p>	<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.231	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOLARWINDS ANNUAL MAINTENANCE RENEWAL</p>	<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.232	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOLARWINDS ANNUAL MAINTENANCE RENEWAL</p>	<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.233	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SOLARWINDS RENEWAL QUOTE #004289</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.234	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SPECIAL PURCHASE REQUEST - SP2364646 RE: PALO ALTO RENEWAL</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.235	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SWSS RENEWAL QUOTE #004791</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.236	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>VMWARE RENEWAL</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.237	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>VMWARE RENEWAL</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.238	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>VMWARE RENEWAL QUOTE #008245</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.239	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VMWARE RENEWAL QUOTE #005033</p>	<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.240	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ZOOM RENEWAL QUOTE #004646 V1</p>	<p>BROADLEAF GROUP LLC, THE ATTN COURTNEY WILKINSON 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.241	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ALERT LOGIC - LOG MONITOR/REVIEW QUOTE #007712</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.242	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ALERT LOGIC - LOG MONITOR/REVIEW QUOTE #007712 PURCHASE ORDER #100068</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.243	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ARUBA SUPPORT RENEWAL</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.244	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ARUBACARE - CONTROLLERS</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.245	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AVOCENT RENEWAL PROPOSAL DTD 3/6/12	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.246	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BLG SERVICES - UC UPGRADE QUOTE #004708	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.247	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CHANGE REQUEST FORM DTD 6/11/15	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.248	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CISCO - LICENSE UPGRADE QUOTE #005014	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.249	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CISCO - UC UPGRADE HARDWARE QUOTE #005094 V1	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.250	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CISCO PHONE SYSTEM UPGRADE	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.251	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CISCO UNIFIED COMMUNICATIONS UPGRADE - SOW DTD 2/5/2015	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.252	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CISCO UNIFIED COMMUNICATIONS UPGRADE - SOW DTD 2/5/2015	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.253	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EMC STORAGE UPGRADE - QUOTE #002593 PURCHASE ORDER #094056	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.254	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FORTICARE/FORTIGUARD SERVICE CONTRACT RENEWAL RE: QUOTE #HMH136002RNWLA DTD 6/18/2013	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.255	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FORTICARE/FORTIGUARD SERVICE CONTRACT RENEWAL RE: QUOTE #HMH126004RNWLA DTD 5/29/2009	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.256	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HMH EMC STORAGE UPGRADE QUOTE #002593 DTD 7/25/2014	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.257	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NIMBLE - DR NIMBLE QUOTE #005079 V1</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.258	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NIMBLE RENEWAL QUOTE #008871 V1</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.259	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #094056 DTD 3/26/2015</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.260	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOLARWINDS ANNUAL MAINTENANCE RENEWAL</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.261	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SYSTEMS SECURITY ASSESSMENT - PHASE I</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>
2.262	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SYSTEMS SECURITY ASSESSMENT - PHASE II</p>	<p>BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.263	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VMWARE - VSPHERE 5 ENTERPRISE QUOTE #005073 V1	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.264	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VMWARE VSPHERE 5 ENTERPRISE QUOTE #005073 V 1	BROADLEAF GROUP LLC, THE ATTN JONATHAN BERRY 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.265	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VNWARE RENEWAL	BROADLEAF GROUP LLC, THE ATTN LEON BARNES 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.266	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CISCO PHONE SYSTEM UPGRADE	BROADLEAF GROUP LLC, THE ATTN SHAWN SCHOUVILLER, PRACTICE MGR 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.267	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SYSTEMS SECURITY ASSESSMENT - PHASE I	BROADLEAF GROUP LLC, THE ATTN SHAWN SCHOUVILLER, PRACTICE MGR 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065
2.268	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SYSTEMS SECURITY ASSESSMENT - PHASE II	BROADLEAF GROUP LLC, THE ATTN SHAWN SCHOUVILLER, PRACTICE MGR 13100 WORTHAM CENTER DR, STE 150 HOUSTON, TX 77065

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.269	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THREAT MANAGER SERVICES	<p>BROADLEAF 13100 WORTHAM CENTER DR, STE 150</p> <p>HOUSTON, TX 77065</p>
2.270	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	THREAT MANAGER SERVICES	<p>BROADLEAF ATTN LEON BARNES 13100 WORTHAM CENTER DR, STE 150</p> <p>HOUSTON, TX 77065</p>
2.271	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FW: ULTRARAD CORPORATION - SERVICE & SUPPORT AGREEMENT EMAIL DTD 6/21/2019	BROWN & FORTUNATO PC ATTN ALLISON D SHELTON 905 S FILLMORE, STE 400 AMARILLO, TX 79101
2.272	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RE: ULTRARAD - AGREEMENT EMAIL DTD 7/25/2019	BROWN & FORTUNATO PC ATTN ALLISON D SHELTON 905 S FILLMORE, STE 400 AMARILLO, TX 79101
2.273	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RE: MATERNAL MEDICAL DIRECTOR AGRE (003).DOC EMAIL DTD 3/11/2019 TO AMEND CLAUSE 4.12 OF NEW AGREEMENT	BROWN & FORTUNATO PC ATTN BETH ANNE JACKSON 905 S FILLMORE, STE 400 AMARILLO, TX 79101
2.274	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	REPRESENTATION OF HMH IN GENERAL HEALTH CARE ADVICE AND OTHER MATTERS AGREEMENT DTD 1/31/2011	BROWN & FORTUNATO PC ATTN BETH ANNE JACKSON 905 S FILLMORE, STE 400 AMARILLO, TX 79101

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.275	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO THE PROFESSIONAL RADIOLOGY SERVICES AGREEMENT AMENDS AGREEMENT DTD 7/1/2009</p>	<p>BRYAN RADIOLOGY ASSOCIATES INC ATTN JOHN D UFER PO BOX 5306 BRYAN, TX 77805</p>
2.276	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT</p>	<p>BRYAN RADIOLOGY ASSOCIATES INC ATTN JOHN D UFER PO BOX 5306 BRYAN, TX 77805</p>
2.277	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PACS IMPLEMENTATION, SUPPORT AND USE AGREEMENT RE: AGREEMENT DTD 7/13/2009</p>	<p>BRYAN RADIOLOGY ASSOCIATES INC ATTN JOHN D UFER PO BOX 5306 BRYAN, TX 77805</p>
2.278	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL RADIOLOGY SERVICES AGREEMENT</p>	<p>BRYAN RADIOLOGY ASSOCIATES INC ATTN JOHN D UFER PO BOX 5306 BRYAN, TX 77805</p>
2.279	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO THE PROFESSIONAL RADIOLOGY SERVICES AGREEMENT</p>	<p>BRYAN RADIOLOGY ASSOCIATES PO BOX 5306 BRYAN, TX 77805</p>
2.280	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO DIAGNOSTIC IMAGING DEPARTMENT COVERAGE AGREEMENT DTD 4/1/2010 AMENDS PROFESSIONAL RADIOLOGY SERVICES AGREEMENT DTD 7/1/2009</p>	<p>BRYAN RADIOLOGY ASSOCIATES PA ATTN JOHN D UFER PO BOX 5306 BRYAN, TX 77805</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.281	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SECOND AMENDMENT TO DIAGNOSTIC IMAGING DEPARTMENT COVERAGE AGREEMENT DTD 7/1/2011 AMENDS PROFESSIONAL RADIOLOGY SERVICES AGREEMENT DTD 7/1/2009</p>	<p>BRYAN RADIOLOGY ASSOCIATES PA ATTN JOHN D UFER PO BOX 5306 BRYAN, TX 77805</p>
2.282	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>THIRD AMENDMENT TO DIAGNOSTIC IMAGING DEPARTMENT COVERAGE AGREEMENT DTD 8/23/12 AMENDS PROFESSIONAL RADIOLOGY SERVICES AGREEMENT DTD 7/1/2009</p>	<p>BRYAN RADIOLOGY ASSOCIATES PA ATTN JOHN D UFER PO BOX 5306 BRYAN, TX 77805</p>
2.283	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT DTD 8/5/2019</p>	<p>BRYAN UNIVERSITY 350 W WASHINGTON ST TEMPE, AZ 85281</p>
2.284	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONFIDENTIALITY AGREEMENT THIRD PARTY CO RECIPIENT FOR CURRENT CUSTOMER</p>	<p>C/O HEALTH TRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER RAMPARTS BLDG 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>
2.285	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT</p>	<p>CAMPBELL, JAMES, MD</p>
2.286	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY COMMITMENT AGREEMENT</p>	<p>CARDINAL HEALTH 110, INC. 7000 CARDINAL PLACE DUBLIN, OH 43017</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.287	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FREIGHT MANAGEMENT AGREEMENT RE: HPG AGREEMENT DTD 1/1/2009</p>	<p>CARDINAL HEALTH 200 LLC ATTN GENERAL COUNSEL, MEDICAL SGT 7000 CARDINAL PL DUBLIN, OH 43017</p>
2.288	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VASCULAR PRODUCT CONSIGNMENT AGREEMENT</p> <p>2/13/2021</p>	<p>CARDINAL HEALTH 200 LLC ATTN GENERAL COUNSEL, MEDICAL SGT 7000 CARDINAL PL DUBLIN, OH 43017</p>
2.289	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VASCULAR PRODUCT CONSIGNMENT AGREEMENT</p> <p>2/13/2021</p>	<p>CARDINAL HEALTH 200 LLC C/O CORDIS CORPORATION ATTN MIAMI ACE TEAM 14601 NW 60TH AVE MIAMI LAKES, FL 33014</p>
2.290	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HEALTHTRUST PURCHASING GROUP SERVICES AGREEMENT NO. 2101</p>	<p>CARDINAL HEALTH 200, LLC C/O CORDIS CORPORATION ATTN MIAMI ACE TEAM 14601 NW 60TH AVE MIAMI LAKES, FL 33014</p>
2.291	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY COMMITMENT AGREEMENT RE: MASTER DISTRIBUTION AGREEMENT</p>	<p>CARDINAL HEALTH 410 INC ATTN ANTI-DIVERSION GROUP, CORPORATE QRA 7000 CARDINAL PLC DUBLIN, OH 72017</p>
2.292	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY COMMITMENT AGREEMENT RE: MASTER DISTRIBUTION AGREEMENT</p>	<p>CARDINAL HEALTH 411 INC ATTN ANTI-DIVERSION GROUP, CORPORATE QRA 7000 CARDINAL PLC DUBLIN, OH 72017</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.293	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO THE FACILITY COMMITMENT AGREEMENT RE: AGREEMENT DTD 9/1/2013</p>	<p>CARDINAL HEALTH ATTN GENERAL COUNSEL, MEDICAL SGT 7000 CARDINAL PL DUBLIN, OH 43017</p>
2.294	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO RENTAL AGREEMENT AND SUPPORT AGREEMENT AMENDS AGREEMENT #10000053522</p> <p>10/10/2020</p>	<p>CAREFUSION SOLUTIONS LLC ATTN CONTRACTS 3750 TORREY VIEW CT SAN DIEGO, CA 92130</p>
2.295	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO RENTAL AGREEMENT AND SUPPORT AGREEMENT AMENDS AGREEMENT #10000053522</p> <p>10/14/2020</p>	<p>CAREFUSION SOLUTIONS LLC ATTN CONTRACTS 3750 TORREY VIEW CT SAN DIEGO, CA 92310</p>
2.296	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT</p> <p>3/11/2020</p>	<p>CAREFUSION SOLUTIONS LLC ATTN EVAN MARTINI, DISPOSABLE CONTRACT MGMT 3750 TORREY VIEW CT SAN DIEGO, CA 92130</p>
2.297	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT</p>	<p>CAREFUSION SOLUTIONS LLC ATTN GLORIA J SIMS, SR CONTRACTS SPECIALIST 3750 TORREY VIEW CT SAN DIEGO, CA 92130</p>
2.298	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BULK COMMUNICATIONS SERVICES & ACCESS AGREEMENT DTD 6/28/2016</p> <p>6/29/2021</p>	<p>CEBRIDGE ACQUISITION LP D/B/A SUDDENLINK COMMUNICATIONS ATTN KENNETH CONNER, VP 311 NNW LOOP 323 TYLER, TX 75702</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.299	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CELTIC MASTER LEASE AGREEMENT DTD 8/29/2013 LEASE #CML-3040A</p>	<p>CELTIC LEASING CORP ATTN TAMMY TRIEU, FUNDING ADMIN 4 PARK PLAZA, STE 300 IRVINE, CA 92614</p>
2.300	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE SCHEDULE NO. 3040A02</p>	<p>CELTICLEASING CORP 4 PARK PLAZA SUITE 300 IRVINE, CA 92614</p>
2.301	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE SCHEDULE NO. 3040A02</p>	<p>CELTICLEASING CORP ATTN TAMMY TRIEU, FUNDING ADMIN 4 PARK PLAZA, STE 300 IRVINE, CA 92614</p>
2.302	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEMBERSHIP AGREEMENT 12/27/2019</p>	<p>CENTER FOR IMPROVEMENT IN HEALTHCARE QUALITY PO BOX 3620 MCKINNEY, TX 75070</p>
2.303	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASING AGREEMENT</p>	<p>CENTERPOINT ENERGY SERVICES INC ATTN CONTRACT ADMIN 1111 LOUISIANA ST, 20TH FL HOUSTON, TX 77002</p>
2.304	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASING AGREEMENT</p>	<p>CENTERPOINT ENERGY SERVICES INC ATTN CONTRACT ADMIN PO BOX 2628 HOUSTON, TX 77252-2628</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.305	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	TRANSACTION AGREEMENT DTD 5/8/2018 RE: PURCHASING AGREEMENT DTD 6/1/2007 5/31/2021	CENTERPOINT ENERGY SERVICES INC ATTN LARRY MUNDT 1111 LOUISIANA ST, 20TH FL HOUSTON, TX 77002
2.306	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	REAGENT RENTAL AGREEMENT #11854000 DTD 12/10/2015	CEPHEID 904 CARIBBEAN DR SUNNYVALE, CA 94089
2.307	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PURCHASE ORDER #094148 DTD 4/1/2015	CEQUEL COMMUNICATIONS HOLDINGS LLC D/B/A SUDDENLINK COMMUNICATIONS ATTN ANDY HUDSON 311 NNW LOOP 323 TYLER, TX 75702
2.308	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PURCHASE ORDER #095788 DTD 7/16/2015	CEQUEL COMMUNICATIONS HOLDINGS LLC D/B/A SUDDENLINK COMMUNICATIONS ATTN ANDY HUDSON 311 NNW LOOP 323 TYLER, TX 75702
2.309	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PURCHASE ORDER #096280 DTD 8/18/2015	CEQUEL COMMUNICATIONS HOLDINGS LLC D/B/A SUDDENLINK COMMUNICATIONS ATTN ANDY HUDSON 311 NNW LOOP 323 TYLER, TX 75702
2.310	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	COMMERCIAL SERVICE ORDER & AGREEMENT	CEQUEL COMMUNICATIONS LLC D/B/A SUDDENLINK COMMUNICATIONS ATTN STEPHEN TULLOH, VP SALES 311 NNW LOOP 323 TYLER, TX 75702

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.311	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	COMMERCIAL SERVICE ORDER & AGREEMENT	CEQUEL COMMUNICATIONS D/B/A SUDDENLINK COMMUNICATIONS ATTN JASON COKE, REGIONAL SALES MGR 6151 PALUXY DR TYLER, TX 75703
2.312	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONTRACT TERM MODIFICATION DTD 9/10/2019 AMENDS MASTER AGREEMENT #16347 DTD 11/10/214	CHANGE HEALTHCARE TECHNOLOGIES LLC
2.313	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RURAL HEALTHCARE AGREEMENT DTD 3/8/2017 6/30/2020	CHANNELFORD ASSOCIATES INC ATTN STEPHEN RAU, CEO 2006 CHANNELFORD RD WESTLAKE VILLAGE, CA 91361
2.314	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	CHCA CONROE LP D/B/A CONROE REGIONAL MEDICAL CENTER ATTN ADMIN 504 MEDICAL CENTER BLVD CONROE, TX 77304
2.315	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PATIENT TRANSFER AGREEMENT	CHCA CONROE LP D/B/A CONROE REGIONAL MEDICAL CENTER ATTN ADMIN 504 MEDICAL CENTER BLVD CONROE, TX 77304
2.316	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PATIENT TRANSFER AGREEMENT	CHCA WOMAN'S HOSPITAL LP D/B/A THE WOMAN'S HOSPITAL OF TEXAS ATN CEO 7600 FANNIN HOUSTON, TX 77054

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.317	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PATIENT TRANSFER AGREEMENT	<p>CHCA WOMAN'S HOSPITAL LP D/B/A THE WOMAN'S HOSPITAL OF TEXAS ATTN CEO 7600 FANNIN HOUSTON, TX 77054</p>
2.318	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INDEPENDENT CONTRACTOR SERVICES AGREEMENT	<p>CHEDI, SHANICE 9108 PINE MISSION AVE LAS VEGAS, NV 89143</p> <p>7/15/2020</p>
2.319	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INDEPENDENT CONTRACTOR SERVICES AGREEMENT	<p>CHEDI, SHANICE 9108 PINE MISSION AVE LAS VEGAS, NV 89143</p> <p>6/15/2020</p>
2.320	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	WATER TREATMENT PROGRAM AGREEMENT	<p>CHEM-AQUA INC PO BOX 152170 IRVING, TX 75015</p> <p>7/31/2020</p>
2.321	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BIOLOGICAL DRAIN MAINTENANCE SYSTEM	<p>CHEMSEARCH PO BOX 971269</p> <p>DALLAS, TX 75397-1269</p>
2.322	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CHRISTUS HEALTH PLAN AGREEMENT	<p>CHRISTUS HEALTH PLAN 2707 NORTH LOOP WEST</p> <p>HOUSTON, TX 77008</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.323	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CIGNA AGREEMENT	<p>CIGNA ATTN LEGAL DEPT 900 COTTAGE GROVE RD B6LPA BLOOMFIELD, CT 06002</p>
2.324	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STANDARD RENTAL SERVICE AGREEMENT	<p>CINTAS 97627 EAGLE WAY CHICAGO, IL 60678-7627</p>
2.325	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CITRIX MAINTENANCE PROGRAM DTD 6/22/2012	<p>CITRIX SYSTEMS INC 851 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309</p>
2.326	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEMORANDUM OF UNDERSTANDING	<p>CITY OF HOUSTON, TEXAS DEPT OF HEALTH AND HUMAN SERVICES 8000 NORTH STADIUM DRIVE HOUSTON, TX 77054</p>
2.327	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT	<p>CLOSE, KENNETH R, MD</p>
2.328	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPORTS MEDICINE ATHLETIC TRAINING SERVICES AGREEMENT	<p>COLDSPRING-OAKHURST ISD ATTN SUPERINTENDENT PO BOX 39 COLDSPRING, TX 77331</p>
		7/1/2020	

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.329	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	COLLEGE OF HEALTH CARE PROFESSIONS ONE ARENA PLACE 7322 SOUTHWEST FREEWAY SUITE 110 HOUSTON, TN 77074
2.330	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	COMMUNITY HEALTH CHOICE, INC. AGREEMENT	COMMUNITY HEALTH CHOICE, INC. ATTN TERRI SUMMERS 2636 SOUTH LOOP WEST SUITE 100 HOUSTON, TX 77054
2.331	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPORT SERVICES AGREEMENT	COMMUNITY HOSPITAL CONSULTING INC ATTN CEO 7800 N DALLAS PKWY, STE 200 PLANO, TX 75024
2.332	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	COMMUNITY HEALTH NEEDS ASSESSMENT AGREEMENT DTD 4/10/2019	COMMUNITY HOSPITAL CONSULTING INC ATTN DAVID E DOMINGUE, FACHE SVP BUS DEV 7800 N DALLAS PKWY, STE 200 PLANO, TX 75024
2.333	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPORT SERVICES AGREEMENT	COMMUNITY HOSPITAL CONSULTING INC C/O COMMUNITY HOSPITAL CORP ATTN GENERAL COUNSEL 7800 N DALLAS PKWY, STE 200 PLANO, TX 75024
2.334	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROPOSAL TO PROVIDE COMMUNITY HEALTH NEEDS ASSESSMENT	COMMUNITY HOSPITAL CONSULTING 7800 N DALLAS PARKWAY STE 200 PLANO, TX 75024

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.335	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROPOSAL TO PROVIDE COMMUNITY HEALTH NEEDS ASSESSMENT</p>	<p>COMMUNITY HOSPITAL CONSULTING C/O COMMUNITY HOSPITAL CORP ATTN GENERAL COUNSEL 7800 N DALLAS PKWY, STE 200 PLANO, TX 75024</p>
2.336	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSUMER REPORT USER AGREEMENT</p>	<p>COMMUNITY HOSPITAL CORPORATION ATTN TONY YBARRA, VP SUPPLY CHAIN 5801 TENNYSON PKWY, STE 550 PLANO, TX 95024</p>
2.337	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INPATIENT SERVICES AGREEMENT</p> <p>9/17/2020</p>	<p>COMPASSIONATE CARE HOSPICE OF SOUTHEASTERN TX LLC ATTN CONTRACTING DEPT 3854 AMERICAN WAY, STE A BATON ROUGE, LA 70816</p>
2.338	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR PHYSICIAN LOCUM TENENS COVERAGE FEES IN CONFIRMATION</p>	<p>COMPHEALTH 6440 S MILLROCK DR, STE 175 SALT LAKE CITY, UT 84121</p>
2.339	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT #1 TO PHARMACY SERVICE AGREEMENT DTD 10/16/2013 AMENDS AGREEMENT DTD 3/1/2013</p>	<p>COMPREHENSIVE PHARMACY SERVICES LLC ATTN DON NICKLESON, CEO 6409 QUAIL HOLLOW RD MEMPHIS, TN 38120</p>
2.340	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT #2 TO PHARMACY SERVICE AGREEMENT DTD 4/14/2014 AMENDS AGREEMENT DTD 3/1/13</p>	<p>COMPREHENSIVE PHARMACY SERVICES LLC ATTN DON NICKLESON, CEO 6409 QUAIL HOLLOW RD MEMPHIS, TN 38120</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.341	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PHARMACY SERVICE AGREEMENT	COMPREHENSIVE PHARMACY SERVICES LLC ATTN DON NICKLESON, CEO 6409 QUAIL HOLLOW RD MEMPHIS, TN 38120
2.342	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MIDAS DATAVISION SYSTEM AGREEMENT	CONDUENT CARE MANAGEMENT INC F/K/A MIDASPLUS INC ATTN STEVE RODEN, GEN MGR 4801 E BROADWAY BLVD, STE 200 TUCSON, AZ 85711
2.343	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MIDAS STATIT PERFORMANCE INDICATOR & MGMT DASHBOARD AND/OR STATIT PROFILE & REVIEW AGREEMENT	CONDUENT CARE MANGEMENT INC F/K/A MIDASPLUS INC ATTN STEVE RODEN, GENERAL MGR 4801 E BROADWAY BLVD, STE 200 TUCSON, AZ 85711
2.344	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PRODUCT SALE AGREEMENT	CONROE WELDING SUPPLY INC 415 S FRAZIER ST CONROE, TX 77301
2.345	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	TRANSACTION AGREEMENT DTD 10/30/2017 RE: PURCHASING AGREEMENT DTD 9/11/2006 5/31/2021	CONSTELLATION NEWENERGY - GAS DIVISION LLC ATTN MATTHEW RESTAINO 9960 CORPORATE CAMPUS DR, STE 2000 LOUISEVILLE, KY 40223
2.346	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	STUDYCAST BUSINESS ASSOCIATE AGREEMENT	CORE SOUND IMAGING INC 7000 SIX FORKS RD #102 RALEIGH, NC 27615

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.347	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SOFTWARE LICENSE AND SERVICES AGREEMENT	COREPOINT HEALTH LLC ATTN PHIL GUY, CEO 3010 GAYLORD PKWY, STE 320 FRISCO, TX 75034
2.348	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STATEMENT OF WORK DTD 12/10/2015 CONTRACT #966	COREPOINT HEALTH LLC ATTN PHIL GUY, CEO 3010 GAYLORD PKWY, STE 320 FRISCO, TX 75034
2.349	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	COVENTRY HEALTH CARE AGREEMENT	COVENTRY HEALTH CARE PO BOX 668329 CHARLOTTE, NC 28266-8329
2.350	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EQUIPMENT AND ACCESSORIES ROYAL-FREE LICENSE AGREEMENT DTD 3/20/2017	COVIDIEN SALES LLC 15 HAMPSHIRE ST MANSFIELD, MA 02048-1113
2.351	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STERRAD SERVICE AGREEMENT ADDENDUM TO CONTRACT RE EQUIPMENT & ACCESSORIES ROYALTY LICENSE AGREEMENT DTD 3/20/2017	COVIDIEN SALES LLC/MEDTRONIC 15 HAMPSHIRE ST MANSFIELD, MA 02048-1113
2.352	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT TO HEALTHCARE STAFFING AGREEMENT	CROSS COUNTRY TRAVCORPS INC D/B/A CROSS COUNTRY STAFFING 1970 BROADWAY #1250 OAKLAND, CA 94612

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.353	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p> <p>11/30/2020</p>	<p>CROTHALL HEALTHCARE INC ATTN LEGAL DEPT 1500 LIBERTY RIDGE DR, STE 210 WAYNE, PA 19087</p>
2.354	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO SERVICE AGREEMENT AMENDS AGREEMENT DTD 12/1/2015</p>	<p>CROTHALL HEALTHCARE INC ATTN WILLIAM GARGANO, DIV PRESIDENT 1500 LIBERTY RIDGE DR, STE 210 WAYNE, PA 19087</p>
2.355	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER LEASE AGREEMENT #276029</p>	<p>CSI LEASING INC ATTN LEGAL DEPT 9990 OLD OLIVE STREET RD, STE 101 ST LOUIS, MO 63141</p>
2.356	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>THIRD AMENDMENT TO EQUIPMENT SCHEDULE #2 TO MASTER LEASE NO. 276029 DTD 10/8/2013 AMENDS MASTER LEASE #276029</p>	<p>CSI LEASING INC ATTN LEGAL DEPT 9990 OLD OLIVE STREET RD, STE 101 ST LOUIS, MO 63141</p>
2.357	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EQUIPMENT SCHEDULE #3 DTD 10/5/2016 RE: MASTER LEASE AGREEMENT #276029 DTD 9/14/2012</p>	<p>CSI LEASING INC ATTN LORRAINE S CHERRICK, EVP & GEN COUNSEL 9990 OLD OLIVE STREET RD, STE 101 ST LOUIS, MO 63141</p>
2.358	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO EQUIPMENT SCHEDULE #1 TO MASTER LEASE NO. 276029 DTD 1/16/2013 AMENDS MASTER LEASE #276029 DTD 9/14/2012</p>	<p>CSI LEASING INC ATTN LORRAINE S CHERRICK, EVP & GEN COUNSEL 9990 OLD OLIVE STREET RD, STE 101 ST LOUIS, MO 63141</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.359	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO EQUIPMENT SCHEDULE #2 DTD 1/16/2013 AMENDS MASTER LEASE #276029 DTD 9/14/2012</p>	<p>CSI LEASING INC ATTN LORRAINE S CHERRICK, EVP & GEN COUNSEL 9990 OLD OLIVE STREET RD, STE 101 ST LOUIS, MO 63141</p>
2.360	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONTRACTS QUOTE #20181022-311RD RE: SERVICE AGREEMENT</p> <p>8/31/2020</p>	<p>DATCARD SYSTEMS INC ATTN LINDA JEFFUS 7 GOODYEAR IRVINE, CA 92618</p>
2.361	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MAINTENANCE AGREEMENT DTD 7/23/2019</p> <p>7/22/2020</p>	<p>DATCARD SYSTEMS INC ATTN LINDA JEFFUS 7 GOODYEAR IRVINE, CA 92618</p>
2.362	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE QUOTE / CONTRACT DTD 5/1/2018</p>	<p>DE LAGE LANDEN FINANCIAL SERVICES INC 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087</p>
2.363	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT</p>	<p>DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087</p>
2.364	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT</p>	<p>DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.365	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LETTER RE: LEASE AGREEMENT NAME CHANGE	DE LAGE LANDEN LEASING & TRADE FINANCE ATTN KIM JARRELL 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087
2.366	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT AMENDS PROFESSIONAL SERVICES AND COLLABORATIVE CARE AGREEMENT DTD 8/1/2018	DEAHL, TIMOTHY, MD 260 INTERSTATE 45 S, STE B HUNTSVILLE, TX 77340
2.367	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	DEAHL, TIMOTHY, MD 260 INTERSTATE 45 S, STE B HUNTSVILLE, TX 77340
2.368	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	DEAHL, TIMOTHY, MD 260 INTERSTATE 45 S, STE B HUNTSVILLE, TX 77340
2.369	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	DEAHL, TIMOTHY, MD 260 INTERSTATE 45 S, STE B HUNTSVILLE, TX 77340
2.370	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	DEAHL, TIMOTHY, MD 260 INTERSTATE 45 S, STE B HUNTSVILLE, TX 77340

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.371	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	NON-DISCLOSURE AGREEMENT	DEAHL, TIMOTHY, MD 260 INTERSTATE 45 S, STE B HUNTSVILLE, TX 77340
2.372	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROFESSIONAL SERVICES AND COLLABORATIVE CARE AGREEMENT	DEAHL, TIMOTHY, MD 260 INTERSTATE 45 S, STE B HUNTSVILLE, TX 77340
2.373	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	DESAI, KEVIN ASWIN MD
2.374	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CLINICAL AFFILIATION AGREEMENT	DEVRY UNIVERISTY HOUSTON ATTN DR DEBORA J BUTTS 11125 EQUITY DR HOUSR, TX 77041
2.375	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CLINICAL AFFILIATION AGREEMENT	DEVRY UNIVERISTY HOUSTON C/O DEVRY INC ATTN DEVRY LEGAL 3005 HIGHLAND PKWY DOWNERS GROVE, IL 60515-5799
2.376	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AFFILIATION AGREEMENT	DEVRY UNIVERSITY ATTN DR DEBORA J BUTTS 11125 EQUITY DR HOUSR, TX 77041

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.377	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO CONTRACT RE: INDEPENDENT CONTRACTOR SERVICES AGREEMENT</p>	<p>DEWALT, KATELYN PO BOX 335 107 W STATION ST TRINITY, TX 75862</p>
2.378	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR SERVICES AGREEMENT</p>	<p>DEWALT, KATELYN PO BOX 335 107 W STATION ST TRINITY, TX 75862</p>
2.379	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR SERVICES AGREEMENT</p>	<p>DEWALT, KATELYN PO BOX 335 107 W STATION ST TRINITY, TX 75862</p>
2.380	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR SERVICES AGREEMENT</p> <p>6/1/2020</p>	<p>DEWALT, KATELYN PO BOX 335 107 W STATION ST TRINITY, TX 75862</p>
2.381	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR SERVICES AGREEMENT</p> <p>6/1/2020</p>	<p>DEWALT, KATELYN PO BOX 335 107 W STATION ST TRINITY, TX 75862</p>
2.382	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT DTD 7/20/2012 RE: DIALYSPA AGREEMENT DTD 7/20/2012</p>	<p>DIALYSPA CONTRACT SERVICES LLC ATTN JEFF KALINA, MD 2453 S BRAESWOOD, STE 201 HOUSTON, TX 77030</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.383	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DIALYSIS SERVICES AGREEMENT	<p>DIALYSPA CONTRACT SERVICES LLC ATTN JEFF KALINA, MD 2453 S BRAESWOOD, STE 201 HOUSTON, TX 77030</p>
2.384	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TRANSCRIPTION SERVICES AGREEMENT	<p>DIGITAL TRANSCRIPTION SERVICES INC ATTN JOE JACKSON, PRESIDENT & CEO 4100 PERIMETER CTR DR, STE 250 OKLAHOMA CITY, OK 73112</p>
2.385	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PHYSICIAN CREDENTIALING AND PRIVILEGING AGREEMENT	<p>DIRECT RADIOLOGY LLC 1839 N GOVERNMENT WAY, STE B COEUR D'ALENE, ID 83814</p>
2.386	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLINICAL WOUND CARE WITH HYPERBARIC OXYGEN THERAPY MANAGEMENT AND SUPPORT SERVICES AGREEMENT</p> <p>RE: CLINICAL WOUND CARE WITH HYPERBARIC OXYGEN THERAPY MANAGEMENT AND SUPPORT SERVICES AGREEMENT DTD 3/21/2008</p>	<p>DIVERSIFIED CLINICAL SERVICES INC ATTN THOMAS M CLAYTON, GENERAL COUNSEL 5220 BELFORT RD JACKSONVILLE, FL 32256</p>
2.387	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DOOR SERVICE PLAN	<p>DOOR CONTROL SERVICES 321 VZ COUNTY ROAD 4500</p> <p>BEN WHEELER, TX 75754</p>
2.388	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DOOR SERVICE PLAN	<p>DOOR CONTROL SERVICES ATTN MIKE FISHER, SVP 301 VAN ZANDT COUNTY RD 4500</p> <p>BEN WHEELER, TX 75754</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.389	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FULL SERVICE WITH ANNUAL PLANNED MAINTENANCE DOOR SERVICE PLAN DTD 5/1/2019</p> <p>5/31/2020</p>	<p>DOOR CONTROL SERVICES ATTN MIKE FISHER, SVP 301 VAN ZANDT COUNTY RD 4500 BEN WHEELER, TX 75754</p>
2.390	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO MASTER AGREEMENT AMENDS MASTER SERVICES DTD 12/10/13</p>	<p>DRFIRST.COM INC 9420 KEY WEST AVE, STE 101 ROCKVILLE, MD 20850</p>
2.391	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO MASTER AGREEMENT FOR PROVISION OF EPICS SERVICES RE: MASTER AGREEMENT DTD 12/10/13</p>	<p>DRFIRST.COM INC 9420 KEY WEST AVE, STE 230 ROCKVILLE, MD 20850</p>
2.392	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO MASTER AGREEMENT RE: MASTER AGREEMENT DTD 12/10/2013</p>	<p>DRFIRST.COM INC ATTN CONTRACTS 9420 KEY WEST AVE, STE 230 ROCKVILLE, MD 20850</p>
2.393	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DRFIRST/HUNTSVILLE CONTRACT RENEWAL 2019</p>	<p>DRFIRST.COM INC ATTN CONTRACTS 9420 KEY WEST AVE, STE 230 ROCKVILLE, MD 20850</p>
2.394	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT</p>	<p>DRFIRST.COM INC ATTN CONTRACTS 9420 KEY WEST AVE, STE 230 ROCKVILLE, MD 20850</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.395	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #103299</p>	<p>DRFIRST.COM INC ATTN CONTRACTS 9420 KEY WEST AVE, STE 230 ROCKVILLE, MD 20850</p>
2.396	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RE: DR FIRST ADDENDUM TO MASTER SERVICE AGREEMENT DTD 2/16/2016 RE: MASTER AGREEMENT DTD 12/10/13</p>	<p>DRFIRST.COM INC ATTN CONTRACTS 9420 KEY WEST AVE, STE 230 ROCKVILLE, MD 20850</p>
2.397	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO MASTER AGREEMENT AMENDS MASTER SERVICES DTD 12/10/13</p> <p>11/20/2022</p>	<p>DRFIRST.COM INC ATTN EDWARD LEE, CAO 9420 KEY WEST AVE, STE 101 ROCKVILLE, MD 20850</p>
2.398	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO THE RCOPIAAC SERVICE EXHIBIT AMENDS MASTER SERVICES AGREEMENT DTD 12/10/13</p>	<p>DRFIRST.COM INC ATTN EDWARD LEE, CAO 9420 KEY WEST AVE, STE 101 ROCKVILLE, MD 20850</p>
2.399	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FREQUENCER RENT TO OWN AGREEMENT</p>	<p>DYMEDSO 2120 32ND AVENUE</p> <p>MONTREAL, QC H8T 3H7 CANADA</p>
2.400	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EBSCO PUBLISHING LICENSE AGREEMENT</p>	<p>EBSCO INDUSTRIES INC PO BOX 830625 10 ESTES STREET</p> <p>BIRMINGHAM, AL 35283</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.401	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO CONTRACT DTD 8/1/2019</p>	<p>ECOLAB INC ATTN BRENDA VALENTE, VP FIELD SALES HEALTHCARE 1 ECOLAB PL ST PAUL, MN 55102</p>
2.402	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INSTRUMENT REPROCESSING PRODUCTS AND SERVICES SUPPLY AGREEMENT</p> <p>8/1/2022</p>	<p>ECOLAB INC ATTN BRENDA VALENTE, VP FIELD SALES HEALTHCARE 1 ECOLAB PL ST PAUL, MN 55102</p>
2.403	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LETTER OF COMMITMENT RE: INSTRUMENT REPROCESSING PRODUCTS AND SERVICES AGREEMENT DTD 8/1/2019</p>	<p>ECOLAB INC ATTN BRENDA VALENTE, VP FIELD SALES HEALTHCARE 1 ECOLAB PL ST PAUL, MN 55102</p>
2.404	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT</p>	<p>EIKENHORST, RONALD, MD</p>
2.405	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STORAGE AGREEMENT</p> <p>5/22/2021</p>	<p>EMBASSY RECORDS MANAGEMENT & STORAGE ATTN JARED SNOW PO BOX 5449 BRYAN, TX 77805</p>
2.406	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO EMC - DATADOMAIN SUPPORT CONTRACT DTD 11/25/2014 RE: CONTRACT DTD 7/1/14</p>	<p>EMC WALKER COUNTY HOSPITAL 176 SOUTH ST HOPKINTON, MA 01748-9103</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.407	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>EMORY & HENRY COLLEGE 30461 GARNAND DR EMORY, VA 24327</p>
2.408	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUISITION DTD 2/28/2019 MU3 SERVER BUILD & LOAD BALANCER INSTALLATION</p>	ENGAGE
2.409	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	NURSE STAFFING AGREEMENT	<p>ESP SYSTEMS LLC D/B/A MEDTEMPS ATTN KAYLI SMITH 2500 QUANTUM LAKES DR, STE 203 BOYNTON BEACH, FL 33426</p>
2.410	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PREVENTATIVE MAINTENANCE AGREEMENT	<p>EVOLVE POWER GENERATION 10555 COSSEY RD HOUSTON, TX 77070</p>
2.411	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TERMS AND CONDITIONS	<p>FACILITY GATEWAY CORPORATION 4916 E BROADWAY</p> <p>MADISON, WI 53716</p>
2.412	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TERMS AND CONDITIONS	<p>FACILITY GATEWAY CORPORATION ATTN SARA HULL 4916 E BROADWAY</p> <p>MADISON, WI 53716</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.413	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE QUOTE #SH01252019-3654	<p>FACILITY GATEWAY CORPORATION ATTN SARA HULL 4916 E BROADWAY MADISON, WI 53716</p>
2.414	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FIRSTCARE AGREEMENT	<p>FIRSTCARE PO BOX 211342</p> <p>EAGAN, MN 55121-2942</p>
2.415	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FIRSTCARE AGREEMENT	<p>FIRSTCARE PO BOX 211342</p> <p>EAGAN, MN 55121-2942</p>
2.416	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT</p> <p>2/15/2021</p>	<p>FISHER HEALTHCARE ATTN DEBRA FLEETWOOD, CAPITAL CONTRACTING MANAGER 11450 COMPAY CENTER W DR, STE 570 HOUSTON, TX 77070</p>
2.417	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY PARTICIPATION AGREEMENT 00146212 RE: PURCHASING AGREEMENT DTD 10/1/2012</p>	<p>FISHER HEALTHCARE ATTN STACEY C, DIRECTOR FINANCE 999 VETERANS MEMORIAL DR HOUSTON, TX 77038</p>
2.418	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FORTICARE / FORTIGUARD SERVICE CONTRACT</p>	<p>FORTINET, INC. 6111 W PLANO PKWY #2100</p> <p>PLANO, TX 75093</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.419	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TRANSFER AGREEMENT	<p>FPACP HUNTSVILLE LLC D/B/A FOCUSED CARE AT HUNTSVILLE 1302 NOTTINGHAM ST HUNTSVILLE, TX 77340</p>
2.420	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT	<p>GE HEALTHCARE IITS USA CORP, A GE HEALTHCARE BUSINESS 40 IDX DRIVE</p> <p>WOUTH BURLINGTON, VT 05040</p>
2.421	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT	<p>GE HEALTHCARE IITS USA CORP, A GE HEALTHCARE BUSINESS ATTN JOANNE L BROOKS 15724 COLLECTIONS CTR DR</p> <p>CHICAGO, IL 60693</p>
2.422	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT	<p>GE HEALTHCARE 3000 N GRANDVIEW BLVD</p> <p>WAUKESHA, WI 53188</p>
2.423	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GE HEALTHCARE SOFTWARE SUPPORT AGREEMENT	<p>GE HEALTHCARE 3000 N GRANDVIEW BLVD</p> <p>WAUKESHA, WI 53188</p>
2.424	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT	<p>GE HEALTHCARE ATTN GENERAL COUNSEL 9900 INNOVATION DR</p> <p>WAUWATOSA, WI 53226</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.425	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GE HEALTHCARE SOFTWARE SUPPORT AGREEMENT	<p>GE HEALTHCARE ATTN GENERAL COUNSEL 9900 INNOVATION DR WAUWATOSA, WI 53226</p>
2.426	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TRADE-IN ADDENDUM TO GE HEALTHCARE QUESTION	<p>GE HEALTHCARE ATTN JOSHUA TOWLE 6200 W TOWER AVE MILWAUKEE, WI 53223</p>
2.427	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EARLY BUY-OUT OPTION ADDENDUM TO LEASE AGREEMENT DATED AS OF SEPTEMBER 3, 2019 RE: LEASE AGREEMENT DTD 9/3/2019	<p>GE HFS LLC ATTN DEKIRA WEDDLE 9900 INNOVATION DR WAUWATOSA, WI 53226</p>
2.428	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT DTD 9/3/2019	<p>GE HFS LLC ATTN DEKIRA WEDDLE 9900 INNOVATION DR WAUWATOSA, WI 53226</p>
2.429	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GPO AGREEMENT #PR11-C130175 DTD 2/13/2019	<p>GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES INC C/O GE HEALTHCARE ATTN GENERAL COUNSEL 9900 INNOVATION DR WAUWATOSA, WI 53226</p>
2.430	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GPO AGREEMENT #PR11-C130175 DTD 2/13/2019	<p>GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES INC C/O GE HEALTHCARE ATTN MICHELLE KING, PROD SALES SPECIALIST 4313 E COTTON CENTER BLVD #100 PHOENIX, AZ 85040</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.431	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 8/28/2022</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>GEORGE WASHINGTON UNIVERSITY, THE C/O GW SCHOOL OF NURSING ATTN CAROL FRITZ BRAUNGARD, DIRECTOR 1919 PENNSYLVANIA AVE NW, STE 500 WASHINGTON, DC 20006</p>
2.432	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 8/28/2022</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>GEORGE WASHINGTON UNIVERSITY, THE C/O GW SCHOOL OF NURSING ATTN COLLEEN KENNEDY, CLINICAL PLACEMENT COORDINATOR 1919 PENNSYLVANIA AVE NW, STE 500 WASHINGTON, DC 20006</p>
2.433	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 8/28/2022</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>GEORGE WASHINGTON UNIVERSITY, THE C/O GW SCHOOL OF NURSING ATTN ELLEN REILLEY FARRELL, PROGRAM DIRECTOR 1919 PENNSYLVANIA AVE NW, STE 500 WASHINGTON, DC 20006</p>
2.434	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 8/28/2022</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>GEORGE WASHINGTON UNIVERSITY, THE C/O GW SCHOOL OF NURSING ATTN KATE DRISCOLL MILLIARAKIS, PHD, ASSOC PROFESSOR 1919 PENNSYLVANIA AVE NW, STE 500 WASHINGTON, DC 20006</p>
2.435	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RENEWAL	<p>GETINGE USA SALES, LLC 45 BARBOUR POND DRIVE</p> <p>WAYNE, NJ 07470</p>
2.436	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RENEWAL	<p>GETINGE USA SALES, LLC ATTN CHRIS SCHULTE 45 BARBOUR POND DR</p> <p>WAYNE, NJ 07470</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.437	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER SERVICES AGREEMENT	<p>GLOBAL COMPLIANCE SERVICES INC ATTN GENERAL COUNSEL 13950 BALLANTYNE CORPORATE PL CHARLOTTE, NC 28277</p>
2.438	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICES AGREEMENT	<p>GREATER HOUSTON ECHOCARDIOGRAPHY MGMT LLC ATTN MARLO ALONZO PO BOX 70951 HOUSTON, TX 77270</p>
2.439	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PARTICIPATION AGREEMENT	<p>GREATER HOUSTON HEALTHCONNECT ATTN PHIL BECKETT, PHD, ACTING PRESIDENT & CEO 1213 HERMANN DR, STE 135 HOUSTON, TX 77004</p>
2.440	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ENGAGEMENT AGREEMENT DTD 12/4/2017	<p>GREENMAR REIMBURSEMENT LLC D/B/A HEALTHCARE REIMBURSEMENT PARTNERS LLC 10029 BELT LINE RD, STE 130 DALLAS, TX 75254</p>
2.441	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ENGAGEMENT AGREEMENT DTD 12/4/2017	<p>GREENMAR REIMBURSEMENT LLC D/B/A HEALTHCARE REIMBURSEMENT PARTNERS LLC 6029 BELT LINE RD, STE 130 DALLAS, TX 75254</p>
2.442	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ENGAGEMENT AGREEMENT DTD 3/6/2018	<p>GREENMAR REIMBURSEMENT LLC D/B/A HEALTHCARE REIMBURSEMENT PARTNERS LLC 6029 BELT LINE RD, STE 130 DALLAS, TX 75254</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.443	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT	<p>GULF COAST REGIONAL BLOOD CENTER ATTN BRIAN G GANNON, PRESIDENT & CEO 1400 LA CONCHA LN HOUSTON, TX 77054-1802</p>
2.444	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLINICAL WOUND CARE WITH HYPERBARIC OXYGEN THERAPY MANAGEMENT AND SUPPORT SERVICES AGREEMENT RE: CLINICAL WOUND CARE WITH HYPERBARIC OXYGEN THERAPY MANAGEMENT AND SUPPORT SERVICES AGREEMENT DTD 3/21/2008</p>	<p>HEALOGICS WOUND CARE & HYPERBARIC SERVICES INC ATTN CEO 5220 BELFORT RD, STE 130 JACKSONVILLE, FL 32256</p>
2.445	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO CLINICAL WOUND CARE WITH HYPERBARIC OXYGEN THERAPY MANAGEMENT AND SUPPORT SERVICES AGREEMENT RE: CLINICAL WOUND CARE WITH HYPERBARIC OXYGEN THERAPY MANAGEMENT AND SUPPORT SERVICES AGREEMENT DTD 5/26/2019</p>	<p>HEALOGICS WOUND CARE & HYPERBARIC SERVICES INC ATTN LEGAL DEPT 5220 BELFORT RD, STE 130 JACKSONVILLE, FL 32256</p>
2.446	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLINICAL WOUND CARE WITH HYPERBARIC OXYGEN THERAPY MANAGEMENT AND SUPPORT SERVICES AGREEMENT RE: CLINICAL WOUND CARE WITH HYPERBARIC OXYGEN THERAPY MANAGEMENT AND SUPPORT SERVICES AGREEMENT DTD 3/21/2008</p>	<p>HEALOGICS WOUND CARE & HYPERBARIC SERVICES INC ATTN LEGAL DEPT 5220 BELFORT RD, STE 130 JACKSONVILLE, FL 32256</p>
2.447	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>HEALTHCARE REIMBURSEMENT PARTNERS LLC C/O GREENMAR REIMBURSEMENT LLC 10029 BELT LINE RD, STE 130 DALLAS, TX 75254</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.448	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BUSINESS ASSOCIATE AGREEMENT	HEALTHCARE REIMBURSEMENT PARTNERS LLC C/O GREENMAR REIMBURSEMENT LLC 10029 BELT LINE RD, STE 130 DALLAS, TX 75254
2.449	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDENDUM TO VENDOR CONTRACT	HEALTHCARE STAFFING, INC FILE 54318 LOS ANGELES, CA 90074-4318
2.450	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CONTRACT RENEWAL AGREEMENT DTD 1/23/2019 RE: POSITION MANAGER AGREEMENT DTD 3/29/2013	HEALTHCARESOURCE HR INC ATTN AARON NOBLET, CORPORATE CONTROLLER 100 SYLVAN RD STE 100 WOBURN, MA 01801
2.451	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CONTRACT RENEWAL AGREEMENT DTD 1/23/2019 AMENDS POSITION MANAGER AGREEMENT DTD 3/15/2013	HEALTHCARESOURCE HR INC ATTN AARON NOBLET, CORPORATE CONTROLLER 100 SYLVAN RD STE 100 WOBURN, MA 01801
2.452	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	HEALTHCARESOURCE COURSEWARE SALES ORDER FORM RE: COURSEWARE MASTER SERVICES AGREEMENT	HEALTHCARESOURCE HR INC ATTN AARON NOBLET, CORPORATE CONTROLLER 100 SYLVAN RD STE 100 WOBURN, MA 01801
2.453	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	HEALTHCARESOURCE POSITION MANAGER AGREEMENT	HEALTHCARESOURCE HR INC ATTN BRYCE CHICOYNE, CFO 400 TRADE CTR, STE 3900 WOBURN, MA 01801

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.454	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INTERNET MASTER SUBSCRIPTION AGREEMENT	<p>HEALTHCARESOURCE HR INC ATTN LEGAL DEPT 100 SYLVAN RD STE 100 WOBBURN, MA 01801</p>
2.455	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HEALTHCARESOURCE POSITION MANAGER AGREEMENT	<p>HEALTHCARESOURCE HR INC ATTN LEGAL DEPT 400 TRADE CTR, STE 3900 WOBBURN, MA 01801</p>
2.456	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT	<p>HEALTHCARESOURCE, INC 100 SYLVAN RD, STE 100 WOBBURN, MA 01801</p>
2.457	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT	<p>HEALTHCARESOURCE, INC ATTN BRYCE CHICOYNE, CFO 400 TRADE CTR, STE 3900 WOBBURN, MA 01801</p>
2.458	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT TO PRICING AGREEMENT DATED JANUARY 15TH, 2014 AMONG HEALTHTRUST PURCHASING GROUP, LP, HUNTSVILLE MEMORIAL HOSPITAL AND BOSTON SCIENTIFIC AMENDS AGREEMENT DTD 1/15/2014	<p>HEALTHTRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>
2.459	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GPO AFFILIATION CERTIFICATE AND PARTICIPATION AGREEMENT AMENDMENT AMENDS PARTICIPATION AGREEMENT DTD 4/1/2010	<p>HEALTHTRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.460	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 E-1</p>	<p>HEALTHTRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>
2.461	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 E-3B</p> <p>11/1/2020</p>	<p>HEALTHTRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>
2.462	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 EX C-1</p> <p>11/1/2024</p>	<p>HEALTHTRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>
2.463	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 EX C-2</p> <p>11/1/2024</p>	<p>HEALTHTRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>
2.464	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PARTICIPATION AGREEMENT</p>	<p>HEALTHTRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>
2.465	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PARTICIPATION AGREEMENT</p>	<p>HEALTHTRUST PURCHASING GROUP LP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.466	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PURCHASING AGREEMENT	HEALTHTRUST PURCHASING GROUP LP ATTN VP - DESIGN, CONST, EQUIPMENT & ENGINEERING 1 PARK PLAZA, BLG II-3E NASHVILLE, TN 37203
2.467	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT TO PRICING AGREEMENT DTD 9/1/2016 AMENDS HPG PURCHASING AGREEMENT #S 3037 3041 3310 3322	HEALTHTRUST PURCHASING GROUP LP ATTN VP, CONTRACTING & ACQUISITION MGT 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027
2.468	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PRICING AGREEMENT RE: HPG AGREEMENT #S 3037 3041 3310 3322	HEALTHTRUST PURCHASING GROUP LP ATTN VP, CONTRACTING & ACQUISITION MGT 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027
2.469	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT TO RENTAL AGREEMENT AND SUPPORT AGREEMENT	HEALTHTRUST PURCHASING GROUP ATTN CHIEF LEGAL OFFICER 155 FRANKLIN RD, STE 400 BRENTWOOD, TN 37027
2.470	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT TO RENTAL AGREEMENT AND SUPPORT AGREEMENT	HEALTHTRUST PURCHASING GROUP LANGUAGE SERVICES ASSOCIATES INC ATTN ERIC HOPE, MANAGER 455 BUSINESS CENTER DR, STE 100 HORSHAM, PA 19044
2.471	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDENDUM TO CONTRACT DTD 9/25/19 RE: AGREEMENT FOR NURSE STAFFING DTD 9/25/2019	HELPING HANDS NURSING AGENCY ATTN MAUREEN BIDWELL, RN, BSN PO BOX 297 JASPER, TX 75951

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.472	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AGREEMENT FOR NURSE STAFFING BETWEEN WALKER COUNTY HOSPITAL CORPORATION D/B/A HUNTSVILLE MEMORIAL HOSPITAL AND HELPING HANDS NURSING AGENCY 9/25/2021	HELPING HANDS NURSING AGENCY ATTN MAUREEN BIDWELL, RN, BSN PO BOX 297 JASPER, TX 75951
2.473	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BUSINESS ASSOCIATE AGREEMENT	HELPING HANDS NURSING AGENCY ATTN MAUREEN BIDWELL, RN, BSN PO BOX 297 JASPER, TX 75951
2.474	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PURCHASE ORDER # 104195 DTD 1/10/2017	HITACHI MEDICAL SYSTEMS AMERICA INC 1959 SUMMIT COMMERCE PARK TWINSBURG, OH 44087-2371
2.475	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SERVICE MAINTENANCE AGREEMENT DTD 10/18/2011 QUOTATION #GO1543S	HITACHI MEDICAL SYSTEMS AMERICA INC 1959 SUMMIT COMMERCE PARK TWINSBURG, OH 44087-2371
2.476	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	NON-DISCLOSURE AGREEMENT	HMH PHYSICIAN ORGANIZATION 110 MEMORIAL HOSPITAL DR HUNTSVILLE, TX 77340
2.477	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SUBLEASE AGREEMENT DTD 2/14/2017 2/14/2020	HMH PHYSICIAN ORGANIZATION 110 MEMORIAL HOSPITAL DR HUNTSVILLE, TX 77340

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.478	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	NON-DISCLOSURE AGREEMENT	HMH PHYSICIAN ORGANIZATION ATTN PRESIDENT 3000 INTERSTATE 45 HUNTSVILLE, TX 77340
2.479	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MANAGEMENT AGREEMENT	HMH PHYSICIAN ORGANIZATION ATTN PRESIDENT 3000 INTERSTATE 45 HUNTSVILLE, TX 77340
2.480	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	COMMERCIAL TERMS-HOBART CARE M-F UNLIMITED	HOBART CARE
2.481	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	HOBART SERVICE & INSTALLATION TERMS AND CONDITIONS	HOBART CARE
2.482	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDENDUM TO CONTRACT RE: SERVICE AGREEMENT #Q-05307	HOLOGIC INC ATTN MICHAEL TOTO, ASSOC PROD DIR 36 APPLE RIDGE RD DANBURY, CT 06810
2.483	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	B&SH MAINTENANCE & REPAIR SERVICE TERMS RE: SERVICE QUOTE #Q-122721 DTD 4/3/2019	HOLOGIC INC ATTN MICHAEL TOTO, ASSOC PROD DIR 36 APPLE RIDGE RD DANBURY, CT 06810

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.484	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LETTER RE: DIGITALNOW AND DICOM 6000 PRODUCT END OF LIFE DTD 8/2019 DISCONTINUE PRODUCT LINE LETTER</p>	<p>HOLOGIC INC ATTN MICHAEL TOTO, ASSOC PROD DIR 36 APPLE RIDGE RD DANBURY, CT 06810</p>
2.485	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE QUOTE #Q-122721 DTD 4/3/2019</p>	<p>HOLOGIC INC ATTN MICHAEL TOTO, ASSOC PROD DIR 36 APPLE RIDGE RD DANBURY, CT 06810</p>
2.486	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISPOSABLES AGREEMENT FOR HEALTHTRUST MEMBERS RE: PURCHASING AGREEMENT DTD 4/1/2015</p>	<p>HOLOGIC LP 250 CAMPUS DR MARLBOROUGH, MA 01752</p>
2.487	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HOLOGIC NOVASURE UNIT AGREEMENT ADDENDUM DTD 6/20/2016 RE: HOLOGIC NOVASURE UNIT AGREEMENT DTD 7/2016</p>	<p>HOLOGIC LP 250 CAMPUS DR MARLBOROUGH, MA 01752</p>
2.488	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO HOSPITALIST PROFESSIONAL SERVICES AGREEMENT AMENDS HOSPITAL AGREEMENT DTD 5/24/2014</p>	<p>HOSPITAL DOCS PA ATTN ALI AKBAR BHURIWALA, MD, PRESIDENT PO BOX 946 MONTGOMERY, TX 77356</p>
2.489	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HOSPITALIST PROFESSIONAL SERVICES AGREEMENT</p>	<p>HOSPITAL DOCS PA ATTN ALI AKBAR BHURIWALA, MD, PRESIDENT PO BOX 946 MONTGOMERY, TX 77356</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.490	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HOSPITALIST PROFESSIONAL SERVICES AGREEMENT	HOSPITAL DOCS PA ATTN MUJTABA ALI KHAN, MD PO BOX 946 MONTGOMERY, TX 77356
2.491	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HOSPITALIST PROFESSIONAL SERVICES AGREEMENT	HOSPITAL DOCS PA C/O FISHER & ASSOCIATES, ATTORNEYS AT LAW ATTN BENNETT G FISHER 1800 TWO HOUSTON CTR, 909 FANNIN ST HOUSTON, TX 77010
2.492	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADDENDUM TO VENDOR CONTRACT AMENDS HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT DTD 12/2/2012	HOSPITAL HOUSEKEEPING SYSTEMS LLC ATTN CEO 216 E 4TH ST AUSTIN, TX 78701
2.493	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT	HOSPITAL HOUSEKEEPING SYSTEMS LLC ATTN CEO 216 E 4TH ST AUSTIN, TX 78701
2.494	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	1ST ADDENDUM TO HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT DTD 12/2/2012 RE: HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT DTD 12/2/2012	HOSPITAL HOUSEKEEPING SYSTEMS LLC ATTN SCOTT ALEXANDER 216 E 4TH ST AUSTIN, TX 78701
2.495	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT ADDENDUM 2ND ADDENDUM DTD 12/2/12	HOSPITAL HOUSEKEEPING SYSTEMS LLC ATTN SCOTT ALEXANDER 216 E 4TH ST AUSTIN, TX 78701

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.496	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SECOND ADDENDUM TO HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT AMENDS HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT DTD 12/2/2012</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>HOSPITAL HOUSEKEEPING SYSTEMS LLC ATTN SCOTT ALEXANDER 216 E 4TH ST AUSTIN, TX 78701</p>
2.497	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>THIRD ADDENDUM TO HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT AMENDS HOUSEKEEPING MANAGEMENT AND SERVICES AGREEMENT DTD 12/2/2012</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>HOSPITAL HOUSEKEEPING SYSTEMS LLC ATTN SCOTT ALEXANDER 216 E 4TH ST AUSTIN, TX 78701</p>
2.498	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>CLOUD SERVICES AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>HOSPITAL HOUSEKEEPING SYSTEMS LLC ATTN STEVE JOURDAN, CEO BEDWATCH 216 E 4TH ST AUSTIN, TX 78701</p>
2.499	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>HOUSTON ISD WORKMANS COMP AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>HOUSTON ISD WORKMANS COMP PO BOX 6794</p> <p>METAIRIE, LA 70009-6794</p>
2.500	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>REVENUE SERVICES AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>HSS SYSTEMS LLC ATTN ERIC WARD, VP 6640 CAROTHERS PKWY STE 500 FRANKLIN, TN 37067</p>
2.501	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>THIRD AMENDMENT TO REVENUE CYCLE SERVICES AGREEMENT RE: REVENUE CYCLE SERVICES AGREEMENT DTD 1/7/2013</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		<p>HSS SYSTEMS LLC ATTN ERIC WARD, VP 6640 CAROTHERS PKWY STE 500 FRANKLIN, TN 37067</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.502	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO REVENUE SERVICES AGREEMENT AMENDS REVENUE SERVICES AGREEMENT DTD 1/7/2013</p>	<p>HSS SYSTEMS LLC ATTN SENIOR COUNSEL 6640 CAROTHERS PKWY STE 500 FRANKLIN, TN 37067</p>
2.503	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REVENUE SERVICES AGREEMENT</p>	<p>HSS SYSTEMS LLC ATTN SENIOR COUNSEL 6640 CAROTHERS PKWY STE 500 FRANKLIN, TN 37067</p>
2.504	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HUMANA AND HUMANA CARECHOICE NETWORK AGREEMENT</p>	<p>HUMANA AND HUMANA CARECHOICE NETWORK PO BOX 14601 LEXINGTON, KY 40512-4601</p>
2.505	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HUMANA AND HUMANA CARECHOICE NETWORK AGREEMENT</p>	<p>HUMANA AND HUMANA CARECHOICE NETWORK PO BOX 14702 LEXINGTON, KY 40512-4702</p>
2.506	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HUMANA MILITARY TRICARE AMENDMENT TO AGREEMENT</p>	<p>HUMANA MILITARY TRICARE PO BOX 7981 MADISON, WI 53707-7981</p>
2.507	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROGRAM AFFILIATION AGREEMENT</p>	<p>HUNTSVILLE HIGH SCHOOL 441 FM 2821 RD E HUNTSVILLE, TX 77320-9298</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.508	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT</p> <p>7/31/2021</p>	<p>HUNTSVILLE ISD ATTN RODNEY SOUTHER, ATHLETIC DIR 441 FM 2821 EAST HUNTSVILLE, TX 77320-9298</p>
2.509	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR DIRECTORS AND OFFICERS COVERAGE AND PROPERTY INSURANCE COVERAGE</p>	<p>HUNTSVILLE MEMORIAL AUXILIARY ATTN PRESIDENT 110 MEMORIAL HOSPITAL DR HUNTSVILLE, TX 77340</p>
2.510	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER CONSULTING SERVICES AGREEMENT - BUSINESS TERMS</p>	<p>IATRIC SYSTEMS INC ATTN JOEL F BERMAN, CEO 27 GREAT POND DR BOXFORD, MA 01921</p>
2.511	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOFTWARE PRODUCT SUBSCRIPTION AGREEMENT - BUSINESS TERMS</p>	<p>IATRIC SYSTEMS INC ATTN JOEL F BERMAN, CEO 27 GREAT POND DR BOXFORD, MA 01921</p>
2.512	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROGRAM AFFILIATION AGREEMENT</p>	<p>INDEPENDENCE UNIVERSITY 4021 S 700 E #400 SALT LAKE CITY, UT 84107</p>
2.513	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p>	<p>INLAND NORTHWEST HEALTH SERVICES ATTN MIKE SMYLY, CBDO 601 W 1ST AVE SPOKANE, WA 99201</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.514	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>INLAND NORTHWEST HEALTH SERVICES ATTN MIKE SMYLY, CBDO PO BOX 469 SPOKANE, WA 99210-0469</p>
2.515	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>INLAND NORTHWEST HEALTH SERVICES ATTN MIKE SMYLY, CBDO PO BOX 469 SPOKANE, WA 99210-0469</p>
2.516	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>INLAND NORTHWEST HEALTH SERVICES ATTN REBECCCA VAN BRUNT, DIR OF FINANCE 601 W 1ST AVE SPOKANE, WA 99201</p>
2.517	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>INLAND NORTHWEST HEALTH SERVICES D/B/A ENGAGE ATTN MICHAEL SMYLY, CBDO 601 W 1ST AVE SPOKANE, WA 99201</p>
2.518	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STATEMENT OF WORK & QUOTE FOR SERVICES DTD 4/30/2019 MEDITECH MU3 BUILD INSTALL	<p>INLAND NORTHWEST HEALTH SERVICES D/B/A ENGAGE ATTN MICHAEL SMYLY, CBDO 601 W 1ST AVE SPOKANE, WA 99201</p>
2.519	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STATEMENT OF WORK & QUOTE FOR SERVICES DTD 3/21/2019 MEDITECH MU3 BUILD INSTALL	<p>INLAND NORTHWEST HEALTH SERVICES D/B/A ENGAGE ATTN MICHAEL SMYLY, CBDO PO BOX 469 SPOKANE, WA 99210-0469</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.520	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #116382 DTD 5/20/2019</p>	<p>INLAND NORTHWEST HEALTH SERVICES D/B/A ENGAGE PO BOX 2185 SPOKANE, WA 99210-2185</p>
2.521	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>W-9 FORM</p>	<p>INLAND NORTHWEST HEALTH SERVICES D/B/A ENGAGE PO BOX 2185 SPOKANE, WA 99210-2185</p>
2.522	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT QUOTE #4000088964</p>	<p>INSTRUMENTATION LABORATORY C/O WERFEN USA LLC ATTN ANDREW ANTCZAK, SERVICE COORDINATOR 180 HARTWELL RD BEDFORD, MA 01730</p>
2.523	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PHARMACY BENEFIT MANAGEMENT SERVICES AGREEMENT</p>	<p>INTEGRATED PRESCRIPTION MANAGEMENT INC 7815 N PALM AVE, STE400 FRESNO, CA 93711</p>
2.524	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>IMO LINCENSE AGREEMENT</p>	<p>INTELLIGENT MEDICAL OBJECTS INC ATTN CEO 60 REVERE DRIVE, STE 360 NORTHBROOK, IL 60062</p>
2.525	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #101745 RE: ANNUAL SUBSCRIPTION FOR BREAKFAST BRIEFINGS</p>	<p>INTERACTIVATION HEALTH NETWORKS LLC 110 MEMORIAL HOSPITAL DR HUNTSVILLE, TX 77340</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.526	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUBSCRIPTION AND LICENSE AGREEMENT	INTERACTIVATION HEALTH NETWORKS LLC ATTN DAVID A ROSS, CEO 331 W 57TH ST #722 NEW YORK, NY 10019
2.527	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPECIAL PURCHASE REQUISITION DTD 6/5/2019 TJC BREAKFAST BRIEFINGS	INTERACTIVATION HEALTH NETWORKS LLC ATTN DAVID A ROSS, CEO N27 W23539 PAUL RD, STE 100 PEWAUKEE, WI 53072
2.528	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUBSCRIPTION AND LICENSE AGREEMENT	INTERACTIVATION HEALTH NETWORKS LLC ATTN DAVID A ROSS, CEO N27 W23539 PAUL RD, STE 100 PEWAUKEE, WI 53072
2.529	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUBSCRIPTION AND LICENSE AGREEMENT	INTERACTIVATION HEALTH NETWORKS LLC ATTN STEVEN L SMITH, CEO N27 W23539 PAUL RD, STE 100 PEWAUKEE, WI 53072
2.530	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUBSCRIPTION AND LICENSE AGREEMENT	INTERACTIVATION HEALTH NETWORKS LLC N27W23539 PAUL RD, STE 100 PEWAUKEE, WI 53072
2.531	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE ORDER #098487	INTERACTIVATION HEALTH NETWORKS LLC PO BOX 100442 ATLANTA, GA 30384-0442

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.532	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #116658</p>	<p>INTERACTIVATION HEALTH NETWORKS LLC PO BOX 100442 ATLANTA, GA 30384-0442</p>
2.533	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT AMENDS THE USE LICENSE & SERVICE AGREEMENT & LEASE AGREEMENT DTD 9/16/2015</p>	<p>INTUITIVE SURGICAL INC ATTN MARC GIUFFRIDA, DIR CONTRACT ADMIN 1020 KIFER RD SUNNYVALE, CA 94086</p>
2.534	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT DTD 9/16/2015 # MA-323-2015 (CLM402160)</p>	<p>INTUITIVE SURGICAL INC ATTN MARC GIUFFRIDA, DIR CONTRACT ADMIN 1020 KIFER RD SUNNYVALE, CA 94086</p>
2.535	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>USE, LICENSE & SERVICE AGREEMENT # MA-323-2015 (CLM402160)</p>	<p>INTUITIVE SURGICAL INC ATTN MARC GIUFFRIDA, DIR CONTRACT ADMIN 1020 KIFER RD SUNNYVALE, CA 94086</p>
2.536	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY AGREEMENT STORAGE</p> <p>1/1/2022</p>	<p>IRON MOUNTAIN INFORMATION MGMT LLC ATTN MARIA SOARES, CRA 1101 ENTERPRISE DR ROYERSFORD, PA 19468</p>
2.537	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY AGREEMENT SHREDDING</p> <p>1/1/2022</p>	<p>IRON MOUNTAIN INFORMATION MGMT LLC ATTN MARIA SOARES, CRA 1102 ENTERPRISE DR ROYERSFORD, PA 19468</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.538	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RE: MEDICAL DIRECTOR AGRE (003).DOC EMAIL DTD 3/11/2019 TO LEGAL FOR REVIEW</p>	JACKSON, BETH ANNE
2.539	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COLLABORATIVE PRACTICE AND PRESCRIPTIVE AUTHORITY AGREEMENT</p>	JALOWY, NOLANA, WHNP 125 MEDICAL PARK LN, STE C HUNTSVILLE, TX 77340
2.540	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT</p>	JARRELL, KIMBERLEY 13 WOODY CREEK CONROE, TX 77301
2.541	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTING AGREEMENT DTD 8/29/2019</p> <p>9/1/2020</p>	JARRELL, KIMBERLEY 13 WOODY CREEK CONROE, TX 77301
2.542	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT RE: CUSTOMER #6710</p>	JOHNSON & JOHNSON HEALTH CARE SYETEM INC 33 TECHNOLOGY DR IRVINE, CA 92618
2.543	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR ACCREDITATION AND/OR CERTIFICATION SERVICES</p>	JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION, THE D/B/A THE JOINT COMMISSION 1 RENAISSANCE BLVD OAKBROOK TERRACE, IL 60181

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.544	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT</p>	<p>KASH, FREDERICK F, MD</p>
2.545	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VAC STORAGE AGREEMENT ACCOUNT #533475</p>	<p>KCI CORPORATION 6280, S VALLEY VIEW BLVD #628 LAS VEGAS, NV 89118</p>
2.546	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEMORANDUM OF AGREEMENT - 11TH SOW</p>	<p>KEPRO ATTN JOSEPH A DOUGHER, PRESIDENT & CEO 5700 LOMBARDO CENTER DR, STE 100 SEVEN HILLS, OH 44131</p>
2.547	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAL DIRECTOR AGREEMENT</p>	<p>KNIGHT, JOHN, DR 100 MEDICAL CTR PKWY, #1000 HUNTSVILLE, TX 77340</p>
2.548	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAL DIRECTOR AGREEMENT</p>	<p>KNIGHT, JOHN, DR 100 MEDICAL CTR PKWY, #1000 HUNTSVILLE, TX 77340</p>
2.549	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT</p>	<p>KPH CONSOLIDATON INC D/B/A KINGWOOD MEDICAL CENTER ATTN ADMIN 22999 US HWY 59 KINGWOOD, TX 77339</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.550	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>KPH CONSOLIDATON INC D/B/A KINGWOOD MEDICAL CENTER ATTN VP & CHIEF LEGAL OFFICER 7400 FANNIN ST, STE 650 HOUSTON, TX 77054</p>
2.551	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ACKNOWLEDGEMENT FORM	<p>LABORATORY CORPORATION OF AMERICA HOLDINGS PO BOX 12140</p> <p>BURLINGTON, NC 27216-2140</p>
2.552	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AFFILIATION AGREEMENT	<p>LAMAR STATE COLLEGE - PORT ARTHUR 1500 PROCTER ST PORT ARTHUR, TX 77640</p>
2.553	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ELECTION OF END OF RENEWAL OPTIONS DTD 2/21/2019 AMENDS LEASE AGREEMENT #10204000 DTD 8/29/2012</p> <p>2/18/2020</p>	<p>LEASING ASSOCIATES OF BARRINGTON INC 220 N RIVER ST EAST DUNDEE, IL 60118</p>
2.554	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CEPHEID REAGENT RENTAL AGREEMENT #11854000 DTD 12/10/2015</p>	<p>LEASING ASSOCIATES OF BARRINGTON INC ATTN CARL J JANIK, VP OPS 220 N RIVER ST EAST DUNDEE, IL 60118</p>
2.555	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT #10204000 DTD 8/29/2012</p>	<p>LEASING ASSOCIATES OF BARRINGTON INC ATTN STEVE TINTERA, VP OPS 33 W HIGGINS RD, STE 1030 SOUTH BARRINGTON, IL 60010</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.556	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LHI - LOGISTIC HEALTH AGREEMENT	<p>LHI - LOGISTIC HEALTH 328 FRONT STREET SOUTH</p> <p>LA CROSSE, WI 54601</p>
2.557	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LIFE GIFT AGREEMENT	<p>LIFE GIFT ATTN KEVIN A MYER, PRESIDENT & CEO 2510 WESTRIDGE ST</p> <p>HOUSTON, TX 77054</p>
2.558	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LIFEGIFT ORGAN DONATION CENTER DONOR INSTITUTION AGREEMENT	<p>LIFEGIFT ORGAN DONATION CENTER ATTN KEVIN A MYER, PRESIDENT & CEO 2510 WESTRIDGE ST HOUSTON, TX 77054</p>
2.559	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INDEPENDENT CONTRACTOR SERVICES AGREEMENT	<p>LIN, HUI 1615 SYCAMORE AVE, APT #199 HUNTSVILLE, TX 77340</p>
2.560	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INDEPENDENT CONTRACTOR SERVICES AGREEMENT	<p>LIN, HUI 1615 SYCAMORE AVE, APT #199 HUNTSVILLE, TX 77340</p>
2.561	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	403(B) PLAN ADOPTION AGREEMENT	<p>LINCOLN NATIONAL LIFE INSURANCE COMPANY 5343 N 16TH ST PHOENIX, AZ 85016</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.562	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER SERVICES AGREEMENT	LIQUIDAGENTS HEALTHCARE LLC ATTN JENNY HANLON 6900 DALLAS PKWY, STE 450 PLANO, TX 75024
2.563	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER SERVICES AGREEMENT	LIQUIDAGENTS HEALTHCARE LLC C/O TABER ESTES THORNE & CARR PLLC ATTN DAWN ESTES 3500 MAPLE AVE, STE 1340 DALLAS, TX 75219
2.564	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADDENDUM TO MASTER SERVICES AGREEMENT AMENDS AGREEMENT DTD 3/28/2013	LIQUIDAGENTS HEALTHCARE LLC C/O TABER ESTES THORNE & CARR PLLC ATTN MS DAWN ESTES 3500 MAPLE AVE, STE 1340 DALLAS, TX 75219
2.565	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT 7/1/2021	LIVINGSTON ISD ATTN SUPERINTENDENT 1412 S HOUSTON AVE LIVINGSTON, TX 77351
2.566	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADVISORY SERVICES AGREEMENT	LOCKTON INVESTMENT ADVISORS LLC 3 PLACE DR, STE 900 ST LOUIS, MO 63141-7081
2.567	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADVISORY SERVICES AGREEMENT	LOCKTON INVESTMENT ADVISORS LLC 3 PLACE DR, STE 900 ST LOUIS, MO 63141-7081

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.568	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CLIENT AGREEMENT #57523	<p>LOCUMTENENS.COM LLC ATTN ALAN ASHBY 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.569	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADDENDUM FOR HUNTSVILLE MEMORIAL HOSPITAL DESCRIPTION OF CONTRACTORS AND FEE STRUCTURE RE: CLIENT AGREEMENT	<p>LOCUMTENENS.COM LLC ATTN CHRIS JONES, MANAGIN DIR 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.570	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DESCRIPTION OF CONTRACTORS & FEE STRUCTURE ADDENDUM RE: CLIENT AGREEMENT	<p>LOCUMTENENS.COM LLC ATTN STEVEN LEACH, AVP 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.571	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CLIENT AGREEMENT AND ADDENDUM	<p>LOCUMTENENS.COM, LLC ATTN ALAN ASHBY 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.572	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CLIENT AGREEMENT AND ADDENDUM	<p>LOCUMTENENS.COM, LLC ATTN ALAN ASHBY 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.573	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADDENDUM TO VENDOR CONTRACT RE: AGREEMENT DTD 1/1/2015	<p>LONE STAR COLLEGE SYSTEM 4141 VICTORY DR HOUSTON, TX 77088</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.574	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO PROGRAM AFFILIATION AGREEMENT AMENDS AGREEMENT DTD 1/1/2015</p>	<p>LONE STAR COLLEGE SYSTEM 4141 VICTORY DR HOUSTON, TX 77088</p>
2.575	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO SCHOOL AFFILIATION AGREEMENT AMENDS AGREEMENT DTD 1/1/2015</p>	<p>LONE STAR COLLEGE SYSTEM 4141 VICTORY DR HOUSTON, TX 77088</p>
2.576	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROGRAM AFFILIATION AGREEMENT GC15-1121-00245</p>	<p>LONE STAR COLLEGE SYSTEM 4141 VICTORY DR HOUSTON, TX 77088</p>
2.577	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SECOND AMENDMENT TO PROGRAM AFFILIATION AGREEMENT AMENDS AGREEMENT DTD 1/1/2015</p>	<p>LONE STAR COLLEGE SYSTEM 4141 VICTORY DR HOUSTON, TX 77088</p>
2.578	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NON-DISCLOSURE AGREEMENT</p>	<p>LONE STAR COMMUNITY HEALTH CENTER INC D/B/A LONE STAR FAMILY HEALTH CENTER ATTN KAREN HARWELL, CEO 605 S CONROE MEDICAL DR CONROE, TX 77304</p>
2.579	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN AGREEMENT</p>	<p>MAGELLAN PO BOX 785341 PHILADELPHIA, PA 19178-5341</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.580	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT	<p>MCGRUFF SEIBELS & WILLIAMS INC ATTN G KEITH SHAMBLIN, SVP 2211 7TH AVE S BIRMINGHAM, AL 35233</p>
2.581	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>MCLENNAN COMMUNITY COLLEGE 1400 COLLEGE DR WACO, TX 76708</p>
2.582	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SOW - STRATEGIC PRICING RE: MASTER SERVICES AGREEMENT DTD 9/15/2009	<p>MEDASSETS NET REVENUE SYSTEMS LLC 200 NORTH POINT CENTER E, STE 400 ALPHARETTA, GA 30022</p>
2.583	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT TO MASTER SERVICES AGREEMENT AMENDS AGREEMENT DTD 9/15/2009	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>
2.584	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT TO MSA AMENDS AGREEMENT DTD 9/15/2009	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>
2.585	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FIRST AMENDMENT TO MASTER SERVICES AGREEMENT AMENDS AGREEMENT DTD 9/15/2009	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.586	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOW 1 - RECEIVABLES MANAGER/RAPID RESERVES RE: MASTER SERVICES AGREEMENT DTD 9/15/2009</p>	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>
2.587	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOW 2 - CONTRACT MGR/CONTRACT MODELER/DENIALS MGR RE: MASTER SERVICES AGREEMENT DTD 9/15/2009</p>	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>
2.588	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOW 3 - SERVICES PRICING RE: MASTER SERVICES AGREEMENT DTD 9/15/2009</p>	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>
2.589	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOW 4 - CLAIMS MANAGEMENT SERVICES RE: MASTER SERVICES AGREEMENT DTD 9/15/2009</p>	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>
2.590	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOW 5 - CDM MANAGER/KNOWLEDGE SOURCE RE: MASTER SERVICES AGREEMENT DTD 9/15/2009</p>	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>
2.591	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOW 6 - SILENT PPO RECOVERY & UNDERPAYMENT RECOVERY RE: MASTER SERVICES AGREEMENT DTD 9/15/2009</p>	<p>MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 N POINT CENTER EAST, STE 400 ALPHARETTA, GA 30022</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.592	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER SERVICES AGREEMENT	MEDASSETS NET REVENUE SYSTEMS LLC ATTN ALLAN HOBBS, PRES CUST DEV REV MGMT 200 NORTH POINT CENTER E, STE 400 ALPHARETTA, GA 30022
2.593	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER SERVICES AGREEMENT	MEDASSETS NET REVENUE SYSTEMS LLC ATTN CORPORATE CONTRACTING 280 S MOUNT AUBURN RD CAPE GIRARDEAU, MO 63703
2.594	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	HEALTH CARE INFORMATION SYSTEMS SOFTWARE AGREEMENT DTD 11/26/2013	MEDICAL INFORMATION TECHNOLOGY INC ATTN HOWARD MESSING, PRESIDENT & CEO MEDITECH CIR WESTWOOD, MA 02090
2.595	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEDICAL OFFICE LEASE AGREEMENT 7/1/2020	MEDICAL OFFICE PARK HUNTSVILLE LP ATTN DIMITROIS MANTZOROS 100 MEDICAL CENTER BLVD, STE 216 CONROE, TX 77304
2.596	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEDICAL OFFICE LEASE AGREEMENT	MEDICAL OFFICE PARK HUNTSVILLE LP ATTN DIMITROIS MANTZOROS 5101 RIVER POINT DR, STE 110 CONROE, TX 77304
2.597	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	1ST AMENDMENT TO MEDICAL OFFICE LEASE AGREEMENT DTD 9/24/2009 AMENDS AGREEMENT DTD 4/4/2008	MEDICAL OFFICE PARK HUNTSVILLE LP ATTN LISA DOMINEY 100 MEDICAL CENTER BLVD, STE 204 CONROE, TX 77304

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.598	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO MEDICAL OFFICE BUILDING LEASE DTD 6/25/2019 AMENDS AGREEMENT DTD 11/25/2014</p> <p>11/30/2020</p>	<p>MEDICAL OFFICE PARK HUNTSVILLE LP ATTN LISA DOMINEY 100 MEDICAL CENTER BLVD, STE 204 CONROE, TX 77304</p>
2.599	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAL OFFICE LEASE AGREEMENT</p>	<p>MEDICAL OFFICE PARK HUNTSVILLE LP ATTN LISA DOMINEY 100 MEDICAL CENTER BLVD, STE 204 CONROE, TX 77304</p>
2.600	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAL OFFICE LEASE AGREEMENT DTD 11/25/2014</p>	<p>MEDICAL OFFICE PARK HUNTSVILLE LP ATTN LISA DOMINEY 100 MEDICAL CENTER BLVD, STE 204 CONROE, TX 77304</p>
2.601	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAL OFFICE LEASE AGREEMENT</p> <p>7/1/2020</p>	<p>MEDICAL OFFICE PARK HUNTSVILLE LP C/O PROMED REALTY SERVICES LLP ATTN LISA DOMINEY 100 MEDICAL CENTER BLVD, STE 204 CONROE, TX 77304</p>
2.602	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONTRACT SERVICE AGREEMENT #75157</p>	<p>MEDICAL SOLUTIONS LLC 1010 N 102ND ST, STE 300 OMAHA, NE 68114</p>
2.603	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO SUPPLEMENTAL STAFFING AGREEMENT</p>	<p>MEDICAL STAFFING NETWORK INC 3111 UNIVERSITY DR, STE 406 CORAL SPRINGS, FL 33065</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.604	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR STAFFING SERVICES AGREEMENT #N061920003972</p>	<p>MEDICAL STAFFING NETWORK INC ATTN JEFFREY JACOBSEN, VP 161 S LINCOLN HIGHWAY, STE 208 NORTH AURORA, IL 60542-1660</p>
2.605	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HEALTHCARE STAFFING AGREEMENT</p>	<p>MEDICAL STAFFING NETWORK INC D/B/A INTELISTAF TRAVEL 11200 WESTHEIMER, STE 860 HOUSTON, TX 77042</p>
2.606	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HEALTHCARE STAFFING AGREEMENT</p>	<p>MEDICAL STAFFING NETWORK INC D/B/A INTELISTAF TRAVEL 4101 MCEWEN, STE 800 DALLAS, TX 75244</p>
2.607	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HEALTHCARE STAFFING AGREEMENT</p>	<p>MEDICAL STAFFING NETWORK INC D/B/A INTELISTAF TRAVEL 4525 WEAVER PKWY, STE 110 WARRENVILLE, IL 60555</p>
2.608	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HEALTHCARE STAFFING AGREEMENT</p>	<p>MEDICAL STAFFING NETWORK INC D/B/A INTELISTAF TRAVEL ATTN LEGAL DEPARTMENT 18W140 BUTTERFIELD RD, STE 500 OAKBROOK TERRACE, IL 60181</p>
2.609	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #103394</p>	<p>MEDTRONIC USA INC / INTERVENT VASCULAR 8200 CORAL SEA ST NE MOUNDS VIEW, MN 55112</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.610	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONSIGNMENT AGREEMENT	MEDTRONIC USA INC 8200 CORAL SEA ST NE MOUNDS VIEW, MN 55112
2.611	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	MEDTRONIC USA INC ATTN DEREK ERICKSON 8200 CORAL SEA ST NE, MVS22 MOUNDS VIEW, MN 55112
2.612	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONSIGNMENT AGREEMENT ACCOUNT #1146823	MEDTRONIC USA INC ATTN DEREK ERICKSON 8200 CORAL SEA ST NE, MVS22 MOUNDS VIEW, MN 55112
2.613	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	REMOTE TECHNICAL SUPPORT DATA ACCESS AGREEMENT CUSTOMER SAP #1146823	MEDTRONIC USA INC ATTN DEREK ERICKSON 8200 CORAL SEA ST NE, MVS22 MOUNDS VIEW, MN 55112
2.614	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDTRONIC EXCHANGE SERVICE PLAN AGREEMENT FOR HEALTHTRUST PURCHASING GROUP	MEDTRONIC USA INC. FOR ITS ADVANCED ENERGY PRODUCTS 180 INTERNATIONAL DR PORTSMOUTH, NH 03801
2.615	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PLACED EQUIPMENT AGREEMENT RE: AGREEMENT #HPG-2846 DTD 1/1/2015	MEDTRONIC USA INC. FOR ITS ADVANCED ENERGY PRODUCTS 180 INTERNATIONAL DR PORTSMOUTH, NH 03801

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.616	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEMORIAL HERMANN HEALTH AGREEMENT	<p>MEMORIAL HERMANN HEALTH 909 FROSTWOOD SUITE 2</p> <p>HOUSTON, TX 77024</p>
2.617	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEMORIAL HERMANN HEALTH AGREEMENT	<p>MEMORIAL HERMANN HEALTH 9401 SOUTHWEST FREEWAY SUITE 1100</p> <p>HOUSTON, TX 77074</p>
2.618	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PATIENT TRANSFER AGREEMENT	<p>MEMORIAL HERMANN HOSPITAL - TX MEDICAL CENTER ATTN CRAIG CORDOLA, CEO 6411 FANNIN HOUSTON, TX 77030</p>
2.619	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT	MICKLEHAM, MIR ZULFOEGHAR, MD
2.620	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MIDAS+ COMPARATIVE PERFORMANCE MEASUREMENT SYSTEM PARTICIPATION AGREEMENT	<p>MIDASPLUS INC 4801 E BROADWAY BLVD, STE 335 TUCSON, AZ 85711</p>
2.621	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADDENDUM TO THE MIDAS+ COMPARATIVE PERFORMANCE MEASUREMENT SYSTEM PARTICIPATION AGREEMENT	<p>MIDASPLUS INC ATTN CLAYTON NICHOLAS, MANAGING DIR 4801 E BROADWAY BLVD, STE 335 TUCSON, AZ 85711</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.622	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM #1 RE: MASTER SOFTWARE MAINTENANCE AGREEMENT</p>	<p>MIDASPLUS INC ATTN JAMES DEWEESE, SR VP 4801 E BROADWAY BLVD, STE 335 TUCSON, AZ 85711</p>
2.623	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COMPARATIVE PERFORMANCE MEASUREMENT SYSTEM PARTICIPATION AGREEMENT</p>	<p>MIDASPLUS INC ATTN JAMES DEWEESE, SR VP 4801 E BROADWAY BLVD, STE 335 TUCSON, AZ 85711</p>
2.624	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER LICENSING AGREEMENT</p>	<p>MIDASPLUS INC ATTN JAMES DEWEESE, SR VP 4801 E BROADWAY BLVD, STE 335 TUCSON, AZ 85711</p>
2.625	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SOFTWARE MAINTENANCE AGREEMENT</p>	<p>MIDASPLUS INC ATTN JAMES DEWEESE, SR VP 4801 E BROADWAY BLVD, STE 335 TUCSON, AZ 85711</p>
2.626	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PARTICIPATING CLIENT CONTRACT #1 RE: MASTER LICENSING AGREEMENT DTD 9/30/2010</p>	<p>MIDASPLUS INC ATTN JAMES DEWEESE, SR VP 4801 E BROADWAY BLVD, STE 335 TUCSON, AZ 85711</p>
2.627	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NURSING EDUCATION AFFILIATION AGREEMENT</p>	<p>MIDWESTERN STATE UNIVERSITY ATTN BETTY HILL STEWART, VP ACADEMIC AFFAIRS 3410 TAFT BLVD WICHITA FALLS, TX 76308-2099</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.628	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PRICING AGREEMENT DTD 7/24/2015	<p>MIMEDX GROUP INC 1775 WEST OAK COMMONS CT MARIETTA, GA 30062</p>
2.629	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONSIGNMENT AGREEMENT	<p>MIMEDX GROUP INC ATTN MARK DIAZ, VP SALES OPS 1775 WEST OAK COMMONS CT MARIETTA, GA 30062</p>
2.630	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MOLINA HEALTHCARE OF TEXAS, INC AMENDMENT 001	<p>MOLINA HEALTHCARE OF TEXAS, INC PO BOX 3396 BATON ROUGE, LA 70821</p>
2.631	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	STAR KIDS PROGRAM AMENDMENT / HOSPITAL OR PROVIDER SERVICES AGREEMENT	<p>MOLINA HEALTHCARE OF TEXAS, INC PO BOX 3396 BATON ROUGE, LA 70821</p>
2.632	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT FOR SERVICES	<p>MORRISON MANAGEMENT SPECIALISTS INC D/B/A MORRISON HEALTH CARE INC ATTN LEGAL DEPARTMENT 5801 PEACHTREE DUNWOODY RD ATLANTA, GA 30342</p>
2.633	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMENDMENT TO AGREEMENT AMENDS AGREEMENT DTD 2/1/2013	<p>MORRISON MANAGEMENT SPECIALISTS INC D/B/A MORRISON HEALTH CARE INC 563 SARATOGA DR AURORA, IL 60502</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.634	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO AGREEMENT AMENDS AGREEMENT DTD 2/1/2013</p>	<p>MORRISON MANAGEMENT SPECIALISTS INC D/B/A/ MORRISON HEALTH CARE INC 563 SARATOGA DR AURORA, IL 60502</p>
2.635	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO AGREEMENT AMENDS AGREEMENT DTD 2/1/2013</p>	<p>MORRISON MANAGEMENT SPECIALISTS INC D/B/A/ MORRISON HEALTH CARE INC 563 SARATOGA DR AURORA, IL 60502</p>
2.636	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO AGREEMENT AMENDS AGREEMENT DTD 2/1/2013</p>	<p>MORRISON MANAGEMENT SPECIALISTS INC D/B/A/ MORRISON HEALTH CARE INC 563 SARATOGA DR AURORA, IL 60502</p>
2.637	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO AGREEMENT DTD 12/18/18 AMENDS AGREEMENT DTD 2/1/2013</p>	<p>MORRISON MANAGEMENT SPECIALISTS INC D/B/A/ MORRISON HEALTH CARE INC 563 SARATOGA DR AURORA, IL 60502</p>
2.638	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MULTIPLAN AGREEMENT</p>	<p>MULTIPLAN 111 5TH AVE NEW YORK, NY 10003</p>
2.639	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT</p>	<p>NAPA, JERRY I, MD</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.640	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ORDER DTD 9/30/2019 RE: CONTRACT #1213</p>	<p>NATIONAL DECISION SUPPORT COMPANY LLC ATTN CAROLINE TUSTIAN, COO 215 S BROADWAY, #412 SALEN, NH 03079</p>
2.641	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NATIONAL DISASTER MEDICAL SYSTEM HEALTHCARE FACILITY / PARTNER MEMORANDUM OF AGREEMENT FOR DEFINITIVE MEDICAL CARE</p>	<p>NATIONAL DISASTER MEDICAL SYSTEM HEALTH CARE FACILITY ATTN BRIAN CROWDER, AREA EMERGENCY MGR</p>
2.642	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT TO PARTICIPATE AND CONSENT RE: TRACKING #16591</p>	<p>NATIONAL HEALTHCARE SAFETY NETWORK ATTN SUPERINTENDENT 355 FRONT ST NEW WAVERLY, TX 77358</p>
2.643	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT</p> <p>7/1/2021</p>	<p>NEW WAVERLY ISD ATTN SUPERINTENDENT 355 FRONT ST NEW WAVERLY, TX 77358</p>
2.644	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT NO. 02 AMENDS RASMAS SUBSCRIPTION AGREEMENT NO. RASMAS-0446</p>	<p>NOBLIS INC 2002 EDMUND HALLEY DRIVE RASTON, VA 20191</p>
2.645	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICES AGREEMENT</p>	<p>NORTHGAUGE HEALTHCARE ADVISORS LLC ATTN JON MOSES, PRESIDENT & CHIEF EXECUTIVE OFFICER 384 INVERNESS PKWY, STE 260 ENGLEWOOD, CO 80112</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.646	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO THE AGREEMENT FOR STAFFING/ RECRUITMENT SERVICES CONTRACT RE: AGREEMENT DTD 5/23/2019</p>	<p>NURSESTAFFING POWERED BY GALE ATTN TINKIE WILLIAMS, VP 6350 LBJ FWY STE 251 DALLAS, TX 75240</p>
2.647	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR STAFFING/ RECRUITMENT SERVICES</p> <p>5/23/2020</p>	<p>NURSESTAFFING POWERED BY GALE ATTN TINKIE WILLIAMS, VP 6350 LBJ FWY STE 251 DALLAS, TX 75240</p>
2.648	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NX HEALTH NETWORK AGREEMENT</p>	<p>NX HEALTH NETWORK 23048 N 15TH AVENUE PHOENIX, AZ 85027</p>
2.649	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NX HEALTH NETWORK AGREEMENT</p>	<p>NX HEALTH NETWORK 23048 N 15TH AVENUE PHOENIX, AZ 85027</p>
2.650	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NX HEALTH NETWORK AGREEMENT</p>	<p>NX HEALTH NETWORK ATTN JORDAN HERSH 23048 N 15TH AVENUE PHOENIX, AZ 85027</p>
2.651	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NX HEALTH NETWORK AGREEMENT</p>	<p>NX HEALTH NETWORK ATTN JORDAN HERSH 23048 N 15TH AVENUE PHOENIX, AZ 85027</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.652	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #083394 DTD 4/11/2013</p>	<p>OUTCOME SCIENCES INC 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.653	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LETTER DTD 6/7/2013 RE: PARTICIPATING HOSPITAL AGREEMENT AND BUSINESS ASSOCIATE AGREEMENT</p>	<p>OUTCOME SCIENCES INC ATTN AHA/ASA GWTG PROGRAM 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.654	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LETTER RE: BUSINESS ASSOCIATE AGREEMENT</p>	<p>OUTCOME SCIENCES INC ATTN AHA/ASA GWTG PROGRAM 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.655	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LETTER DTD 3/23/2012 RE: EXECUTED PARTICIPATING HOSPITAL AGREEMENT</p>	<p>OUTCOME SCIENCES INC ATTN DANIEL WILKERSON, PROJECT COORDINATOR 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.656	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NOTICE OF TERMINATION DTD 3/5/2014 RE: AGREEMENT DTD 1/1/2013</p>	<p>OUTCOME SCIENCES INC ATTN JEFFREY M SACHS, GENERAL COUNSEL 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.657	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT RE: SERVICES AGREEMENT DTD 1/1/2013</p>	<p>OUTCOME SCIENCES INC ATTN JEFFREY M SACHS, GENERAL COUNSEL 201 BROADWAY CAMBRIDGE, MA 2139</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.658	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO THE STROKE PARTICIPATING HOSPITAL AGREEMENT RE: AGREEMENT DTD 7/14/09</p>	<p>OUTCOME SCIENCES INC D/B/A OUTCOME ATTN JEFFREY M SACHS, GENERAL COUNSEL 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.659	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PARTICIPATING HOSPITAL AGREEMENT</p>	<p>OUTCOME SCIENCES INC D/B/A OUTCOME ATTN JEFFREY M SACHS, GENERAL COUNSEL 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.660	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PARTICIPATING HOSPITAL AGREEMENT</p>	<p>OUTCOME SCIENCES INC D/B/A OUTCOME ATTN JEFFREY M SACHS, GENERAL COUNSEL 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.661	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PARTICIPATING HOSPITAL AGREEMENT</p>	<p>OUTCOME SCIENCES INC D/B/A OUTCOME ATTN JEFFREY M SACHS, GENERAL COUNSEL 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.662	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MIDAS+ AMENDMENT TO THE PARTICIPATING HOSPITAL AGREEMENT</p>	<p>OUTCOME SCIENCES LLC ATTN BARBARA I ARONE, VP 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.663	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NOTIFICATION OF 60 DAY TERMINATION FOR RESUSCITATION PROGRAM</p>	<p>OUTCOME SCIENCES, INC 201 BROADWAY CAMBRIDGE, MA 02139</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.664	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NOTIFICATION OF 60 DAY TERMINATION FOR RESUSCITATION PROGRAM</p>	<p>OUTCOME SCIENCES, INC ATTN JEFFREY M SACHS, GENERAL COUNSEL 201 BROADWAY CAMBRIDGE, MA 02139</p>
2.665	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAL/SURGICAL PRODUCTS DISTRIBUTION AGREEMENT</p>	<p>OWENS & MINOR DISTRIBUTION INC ATTN ANDRES QUINTERO 8313 W PIERCE ST # 100 TOLLESON, AZ 85353</p>
2.666	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT</p>	<p>PALEL, PULIN P, MD</p>
2.667	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ONLINE SERVICES CONTRACT AGREEMENT</p> <p>2/4/2022</p>	<p>PAPERLESSPAY CORPORATION 800 WATER ST, 2ND FL, STE 203 JACKSONVILLE, FL 32204</p>
2.668	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY STAFFING AGREEMENT</p>	<p>PARALLON BUSINESS SOLUTIONS LLC 1100 CHARLOTTE AVENUE, SUITE 1600 NASHVILLE, TN 37203</p>
2.669	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY STAFFING AGREEMENT</p>	<p>PARALLON WORKFORCE MANAGEMENT SOLUTIONS LLC 1000 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.670	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	HIPAA BUSINESS ASSOCIATE AGREEMENT	PENRAD TECHNOLOGIES INC ATTN GREG GUSTAFSON 114 COMMERCE CIR BUFFALO, MN 55313
2.671	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PENRAD MAMMOGRAPHY SYSTEM PARTNER LICENSE AGREEMENT	PENRAD TECHNOLOGIES INC ATTN GREG GUSTAFSON 114 COMMERCE CIR BUFFALO, MN 55313
2.672	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PENTAX ENDOPRO SOFTWARE SERVICE AGREEMENT ADDENDUM TO CONTRACT DTD11/8/2018	PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725
2.673	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PENTAX SERVICE AGREEMENT RE: ACCOUNT #11558	PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725
2.674	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PENTAX SERVICE AGREEMENT RE: ACCOUNT #11558	PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725
2.675	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PENTAX SERVICE AGREEMENT RE: ACCOUNT #11558	PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.676	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PENTAX SERVICE AGREEMENT ADDENDUM TO CONTRACT DTD 11/8/2018 RE: AGREEMENT DTD 12/1/2018</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.677	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PENTAX SERVICE AGREEMENT ADDENDUM TO CONTRACT DTD 11/8/2018 RE: AGREEMENT DTD 12/1/2018</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.678	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #114848 DTD 1/3/2019</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.679	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #114848 DTD 1/3/2019</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.680	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #114848 DTD 1/3/2019</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.681	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #114849 DTD 1/3/2019</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.682	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #114849 DTD 1/3/2019</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.683	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #114849 DTD 1/3/2019</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.684	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #114849 DTD 1/3/2019</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.685	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUISITION DTD 11/14/2018</p>	<p>PENTAX MEDICAL COMPANY ATTN SANDRA POOLE 3 PARAGON DR MONTVILLE, NJ 07645-1725</p>
2.686	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INTERCOMPANY CONTRACT REVIEW FORM RE: MEDICAL DIRECTOR AGREEMENT</p>	<p>PILLAI, DR 111 MARLBERRY BRANCH DR CONROE, TX 77384</p>
2.687	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAL DIRECTOR AGREEMENT 6/30/2020</p>	<p>PILLAI, SUJESH, MD 111 MARLBERRY BRANCH DR CONROE, TX 77384</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.688	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 6/30/2020</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	<p>PILLAI, SUJESH, MD 111 MARLBERRY BRANCH DR</p> <p>CONROE, TX 77384</p>
2.689	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>PIMA MEDICAL INSTITUTE 13610 N. BLACK CANYON HIGHWAY PHOENIX, AZ 85029</p>
2.690	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPR & PURCHASE ORDER #094538 DTD 4/27/2015	<p>POLICYMEDICAL INC 30 VIA RENZO DR RICHMOND HILL, ON L4S 0B8 CANADA</p>
2.691	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SOFTWARE LICENSE & MAINTENANCE AGREEMENT	<p>POLICYMEDICAL INC 35 E BEAVER CREEK RD UNIT 1, 2ND FL RICHMOND HILL, ON L4B 1B3 CANADA</p>
2.692	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPR & PURCHASE ORDER #094538 DTD 4/27/2015	<p>POLICYMEDICAL INC 35 E BEAVER CREEK RD UNIT 1, 2ND FL RICHMOND HILL, ON L4B 1B3 CANADA</p>
2.693	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADDENDUM TO LICENSE AGREEMENT RE: AGREEMENT DTD 10/29/2014; INVOICE #ACHS-09-16	<p>POLICYMEDICAL INC ATTN CEO 30 VIA RENZO DR RICHMOND HILL, ON L4S 0B8 CANADA</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.694	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDENDUM TO LICENSE AGREEMENT RE: AGREEMENT DTD 10/29/2014; INVOICE #ACHS-09-16	POLICYMEDICAL INC ATTN CEO 35 E BEAVER CREEK RD UNIT 1, STE 200 RICHMOND HILL, ON L4B 1B3 CANADA
2.695	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT TO MEDICAL DIRECTOR AGREEMENT AMENDS AGREEMENT INPATIENT REHAB DTD 8/1/2018	POST ACUTE PHYSICIANS OF TEXAS PLLC ATTN JOSE VARGAS, MD 1776 WOODSTEAD CT, STE 208 THE WOODLANDS, TX 77380
2.696	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BUSINESS ASSOCIATE AGREEMENT	POST ACUTE PHYSICIANS OF TEXAS PLLC ATTN JOSE VARGAS, MD 1776 WOODSTEAD CT, STE 208 THE WOODLANDS, TX 77380
2.697	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEDICAL DIRECTOR AGREEMENT	POST ACUTE PHYSICIANS OF TEXAS PLLC ATTN JOSE VARGAS, MD 1776 WOODSTEAD CT, STE 208 THE WOODLANDS, TX 77380
2.698	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEDICAL DIRECTOR AGREEMENT INPATIENT REHAB	POST ACUTE PHYSICIANS OF TEXAS PLLC ATTN JOSE VARGAS, MD 1776 WOODSTEAD CT, STE 208 THE WOODLANDS, TX 77380
2.699	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEDICAL DIRECTOR AGREEMENT	POST-ACUTE PHYSICIANS OF TEXAS PLLC ATTN JOSE VARGAS, MD 1776 WOODSTEAD CT, STE 208 THE WOODLANDS, TX 77380

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.700	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDED AND RESTATED AGREEMENT FOR ANESTHESIOLOGY MANAGEMENT</p>	<p>PREMIER ANESTHESIA GROUP LLC ATTN KERRY TEEL, PRESIDENT 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.701	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FIRST AMENDMENT TO AMENDED AND RESTATED AGREEMENT FOR ANESTHESIOLOGY MANAGEMENT RE: AGREEMENT DTD 7/15/2010</p>	<p>PREMIER ANESTHESIA GROUP LLC ATTN KERRY TEEL, PRESIDENT 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.702	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT NO 1 TO ANETHESIA SERVICES AGREEMENT DTD 7/28/2011 RE: AGREEMENT DTD 1/31/2010</p>	<p>PREMIER ANESTHESIA LLC ATTN KERRY TEEL, PRESIDENT 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.703	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO ANETHESIA SERVICES AGREEMENT DTD 7/28/2011 RE: AGREEMENT DTD 1/31/2010</p>	<p>PREMIER ANESTHESIA LLC ATTN KERRY TEEL, PRESIDENT 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.704	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ANETHESIA SERVICES AGREEMENT</p>	<p>PREMIER ANESTHESIA LLC ATTN KERRY TEEL, PRESIDENT 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009</p>
2.705	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT</p>	<p>PRESS GANEY ASSOCIATES INC ATTN CONTRACTS DEPT 404 COLUMBIA PL SOUTH BEND, IN 46601</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.706	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NOTICE OF RENEWAL PRICING DTD 10/23/2018 RE: CLIENT #4914</p>	<p>PRESS GANEY ASSOCIATES INC ATTN CONTRACTS DEPT 404 COLUMBIA PL SOUTH BEND, IN 46601</p>
2.707	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>NOTICE OF RENEWAL PRICING DTD 10/23/2018 RE: CLIENT #4914</p>	<p>PRESS GANEY ASSOCIATES INC ATTN CONTRACTS DEPT 404 COLUMBIA PL SOUTH BEND, IN 46601</p>
2.708	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUISITION DTD 10/1/2019</p>	<p>PRESS GANEY ASSOCIATES INC ATTN CONTRACTS DEPT 404 COLUMBIA PL SOUTH BEND, IN 46601</p>
2.709	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUISITION DTD 2/4/2019</p>	<p>PRESS GANEY ASSOCIATES INC ATTN CONTRACTS DEPT 404 COLUMBIA PL SOUTH BEND, IN 46601</p>
2.710	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #115220 DTD 2/4/2019</p>	<p>PRESS GANEY ASSOCIATES INC PO BOX 88335 MILWAUKEE, WI 53288-0335</p>
2.711	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PRIME AGREEMENT</p>	<p>PRIME 331 MALORY STATION RD FRANKLIN, TN 37067</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.712	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT</p>	<p>PULUIK, JASON W, MD</p>
2.713	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RAPID RESPONSE TESTING & SPECIMEN TESTING COLLECTION AGREEMENT</p>	<p>QUEST DIAGNOSTICS CLINICAL LABORATORIES INC ATTN CONTRACTS DEPT 4770 REGENT BLVD IRVING, TX 75063</p>
2.714	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LABORATORY SERVICES AGREEMENT</p>	<p>QUEST DIAGNOSTICS CLINICAL LABORATORIES INC ATTN DR NATHAN SHERMAN 14225 NEWBROOK DR CHANTILLY, VA 20156</p>
2.715	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>QUERY TOOL SERVICE AGREEMENT</p>	<p>QUEST DIAGNOSTICS INC ATTN IT ADMIN 14225 NEWBROOK DR CHANTILLY, VA 20153</p>
2.716	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CARE360 LAB ORDERS & RESULTS SERVICE AGREEMENT</p>	<p>QUEST DIAGNOSTICS INC C/O CARE360 ADMIN 400 EGYPT RD, WN 2050 NORRISTOWN, PA 19403</p>
2.717	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CLIENT AGREEMENT FOR PHYSICIAN RECRUITING SERVICES</p>	<p>QUEST HEALTHCARE SOLUTIONS LLC ATTN LIZ MEEHAN, STAFFING CONSULTANT 6 CONCOURSE PKWY, STE 2250 ATLANTA, GA 30328</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.718	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>QUINNIPIAC UNIVERSITY 275 MT CARMEL AVE HAMDEN, CT 06518</p>
2.719	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RENEWAL QUOTE	<p>RAVE MOBILE SAFETY 492 OLD CONNECTICUT PATH, 2ND FL</p> <p>FRAMINGHAM, MA 01701</p>
2.720	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RENEWAL QUOTE	<p>RAVE MOBILE SAFETY 50 SPEEN STREET SUITE 301</p> <p>FRAMINGHAM, MA 01701</p>
2.721	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INTERCOMPANY CONTRACT REVIEW FORM</p> <p>MEDICO ADMIN SERV/CASE MGMT REVIEW</p> <p>9/30/2020</p>	<p>RAZA, ALI, MD 91 SOUTH DOWNY WILLOW CIRCLE</p> <p>SPRING, TX 77382</p>
2.722	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAL DIRECTOR AGREEMENT</p> <p>9/30/2020</p>	<p>RAZA, ALI, MD 91 SOUTH DOWNY WILLOW CIRCLE</p> <p>SPRING, TX 77382</p>
2.723	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CORPORATE RATE AGREEMENT DTD</p> <p>8/7/2019</p>	<p>RED ROOF INN PLUS+ ATTN MATT PATEL, OWNER/MGR 606 1-45 S HUNTSVILLE, TX 77340</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.724	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEMORANDUM OF AGREEMENT	REGIONAL HOSPITAL AND EMERGENCY PREPAREDNESS COUNCIL ATTN EXEC DIR 5320 N SHEPHERD DR HOUSTON, TX 77091
2.725	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	REMOTE PHARMACY ORDER ENTRY SERVICE AGREEMENT	REMOTE PHARMACY STAFFING 22503 KATY FWY, #22 KATY, TX 77450
2.726	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	REMOTE PHARMACY ORDER ENTRY SERVICE AGREEMENT	REMOTE PHARMACY STAFFING ATTN DIR OF PHARMACY SERVICES 7307 STARFLOWER KATY, TX 77494
2.727	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CUSTOMER SERVICE AGREEMENT	REPUBLIC SERVICES, INC C/O BFI WASTE SERVICES OF TEXAS LP 18500 N ALLIED WAY PHOENIX, AZ 85054
2.728	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT	REX, DAVID, MD
2.729	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ENCOMPASS AGREEMENT	ROCHE DIAGNOSTICS CORPORATION ATTN JOSEPH A COMITO, MGR, CUSTOMER CONTRACTING CTR 9115 HAGUE RD INDIANAPOLIS, IN 46250-0157
		6/26/2022	

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.730	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ROCKPORT AGREEMENT	<p>ROCKPORT 1080 ELDRIDGE PKWY 12TH FLOOR</p> <p>HOUSTON, TX 77077</p>
2.731	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ADDENDUM TO CONTRACT RE: INDEPENDENT CONTRACTOR SERVICES AGREEMENT	<p>RUSSELL, KEVIN 1615 SYCAMORE AVE, APT #199 HUNTSVILLE, TX 77340</p>
2.732	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INDEPENDENT CONTRACTOR SERVICES AGREEMENT	<p>RUSSELL, KEVIN 1615 SYCAMORE AVE, APT #199 HUNTSVILLE, TX 77340</p>
2.733	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INDEPENDENT CONTRACTOR SERVICES AGREEMENT	<p>RUSSELL, KEVIN 1615 SYCAMORE AVE, APT #199 HUNTSVILLE, TX 77340</p>
2.734	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INDEPENDENT CONTRACTOR SERVICES AGREEMENT	<p>RUSSELL, KEVIN 1615 SYCAMORE AVE, APT #199 HUNTSVILLE, TX 77340</p>
2.735	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT	<p>RUST, RONALD M, MD</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.736	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT</p> <p>7/1/2023</p>	<p>SAM HOUSTON STATE UNIVERSITY ATHLETICS ATTN ATHLETIC DIRECTOR 620 BOWERS BLVD HUNTSVILLE, TX 77340</p>
2.737	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPORTS MEDICINE SERVICE AGREEMENT</p>	<p>SAM HOUSTON STATE UNIVERSITY DANCE PROGRAM ATTN JENNIFER PONTIUS, CHAIR DEPT OF DANCE DANCE PROGRAM, PO BOX 2269 HUNTSVILLE, TX 77341-2269</p>
2.738	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPORTS MEDICINE SERVICE AGREEMENT</p>	<p>SAM HOUSTON STATE UNIVERSITY DANCE PROGRAM ATTN JENNIFER PONTIUS, CHAIR DEPT OF DANCE PO BOX 2269 HUNTSVILLE, TX 77341</p>
2.739	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPORTS MEDICINE SERVICE AGREEMENT</p>	<p>SAM HOUSTON STATE UNIVERSITY DANCE PROGRAM ATTN JENNIFER PONTIUS, CHAIR DEPT OF DANCE PO BOX 2269 HUNTSVILLE, TX 77342</p>
2.740	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPORTS MEDICINE SERVICE AGREEMENT</p>	<p>SAM HOUSTON STATE UNIVERSITY DANCE PROGRAM PO BOX 2269 HUNTSVILLE, TX 77341</p>
2.741	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PATIENT TRANSFER AGREEMENT</p>	<p>SAM HOUSTON STATE UNIVERSITY ATTN BOB CHAPA, ASST DIRECTOR FOR CONTRACT MGT 1805 AVE J HUNTSVILLE, TX 77341</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.742	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SAM HOUSTON STATE UNIVERSITY MASTER AGREE - 06-14-19-05-31-24</p>	<p>SAM HOUSTON STATE UNIVERSITY ATTN DR RICHARD EGLSAER 1900 AVE I, STE 201 HUNTSVILLE, TX 77340</p>
2.743	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO CONTRACT RE: AGREEMENT FOR STAFFING/RECRUITMENT SERVICES CONTRACT</p>	<p>SAM HOUSTON STATE UNIVERSITY ATTN DR RICHARD EGLSAER 1900 AVE I, STE 201 HUNTSVILLE, TX 77340</p>
2.744	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ASSUMPTION OF RISK, RELEASE & WAIVER WAIVER</p>	<p>SAM HOUSTON STATE UNIVERSITY ATTN DR RICHARD EGLSAER 1900 AVE I, STE 201 HUNTSVILLE, TX 77340</p>
2.745	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AFFILIATION AGREEMENT</p> <p>5/31/2024</p>	<p>SAM HOUSTON STATE UNIVERSITY ATTN DR RICHARD EGLSAER 1900 AVE I, STE 201 HUNTSVILLE, TX 77340</p>
2.746	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO AFFILIATION AGREEMENT RE: AFFILIATION AGREEMENT DTD 06/14/2019</p>	<p>SAM HOUSTON STATE UNIVERSITY ATTN RACHEL BUBELA PO BOX 2301 HUNTSVILLE, TX 77341</p>
2.747	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SAM HOUSTON STATE UNIVERSITY MASTER AGREE - 06-14-19-05-31-24</p>	<p>SAM HOUSTON STATE UNIVERSITY PO BOX 2297 HUNTSVILLE, TX 77340</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.748	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AGREEMENT FOR SERVICES	<p>SCANSTAT TECHNOLOGIES LP ATTN GLENN ANDREWS 288 S MAIN ST, STE 600 ALPHARETTA, GA 30009</p>
2.749	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>SCANSTAT TECHNOLOGIES LP ATTN GLENN ANDREWS 288 S MAIN ST, STE 600 ALPHARETTA, GA 30009</p>
2.750	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT	<p>SCORPION HEALTHCARE LLC ATTN SCORPION LEGAL DEPT 28480 AVE STANFORD, STE 140 VALENCIA, CA 91355</p>
2.751	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SCOTT & WHITE AGREEMENT	<p>SCOTT & WHITE PO BOX 844658</p> <p>DALLAS, TX 75284</p>
2.752	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SCOTT & WHITE AGREEMENT	<p>SCOTT & WHITE PO BOX 844658</p> <p>DALLAS, TX 75284</p>
2.753	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SCOTT & WHITE AGREEMENT	<p>SCOTT & WHITE PO BOX 847500</p> <p>DALLAS, TX 75284-7500</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.754	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SCOTT & WHITE AGREEMENT	<p>SCOTT & WHITE PO BOX 847500</p> <p>DALLAS, TX 75284-7500</p>
2.755	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	<p>SEHGAL, SUDHIR, MD ATTN DR SUDHIR SEHGAL 110 MEMORIAL HOSPITAL DR HUNTSVILLE, TX 77340</p>
2.756	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	<p>SEHGAL, SUDHIR, MD ATTN DR SUDHIR SEHGAL 110 MEMORIAL HOSPITAL DR HUNTSVILLE, TX 77340</p>
2.757	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SERVICE AGREEMENT 21634	<p>SERVICE EXPRESS INC ATTN MAX OWENS, ACTING CEO 3854 BROADMOOR AVE SE GRAND RAPIDS, MI 49512</p>
2.758	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER SERVICE AGREEMENT	<p>SHARP MEDICAL STAFFING LLC ATTN CHRISTOPHER R HEDICAN 1700 FARNAM ST, STE 1500 OMAHA, NE 68102-2068</p>
2.759	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>SHARP MEDICAL STAFFING LLC ATTN REBECCA JONES 10707 PACIFIC ST, STE 200 OMAHA, NE 68114</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.760	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER SERVICE AGREEMENT 9/20/2020	SHARP MEDICAL STAFFING LLC ATTN REBECCA JONES 10707 PACIFIC ST, STE 200 OMAHA, NE 68114
2.761	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT 7/1/2021	SHEPHERD ISD ATTN SUPERINTENDENT 1401 S BYRD AVE SHEPHERD, TX 77358
2.762	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	HMH SPORTS MEDICINE CONTRACT TERMS 5/8/2020	SHSU DANCE DEPT ATTN DEPT OF DANCE CHAIR 815 17TH ST, STE 150 HUNTSVILLE, TX 77340
2.763	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT	SHSU DANCE DEPT ATTN DEPT OF DANCE CHAIR COLLEGE OF FINE ARTS AND MASS COMMUNICATIONS 815 17TH ST, STE 150 HUNTSVILLE, TX 77340
2.764	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT	SHSU DANCE DEPT ATTN DEPT OF DANCE CHAIR COLLEGE OF FINE ARTS AND MASS COMMUNICATIONS 815 17TH ST, STE 150 HUNTSVILLE, TX 77340
2.765	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT 6/21/2020	SHSU DANCE DEPT ATTN DEPT OF DANCE CHAIR COLLEGE OF FINE ARTS AND MASS COMMUNICATIONS 815 17TH ST, STE 150 HUNTSVILLE, TX 77340

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.766	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT	SHSU DANCE DEPT ATTN JENNIFER PONTIUS, CHAIR DEPT OF DANCE 815 17TH ST, STE 150 HUNTSVILLE, TX 77340
2.767	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT	SHSU DANCE DEPT ATTN JENNIFER PONTIUS, CHAIR DEPT OF DANCE PO BOX 2269 HUNTSVILLE, TX 77341
2.768	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT	SHSU DANCE DEPT ATTN JENNIFER PONTIUS, CHAIR DEPT OF DANCE PO BOX 2269 HUNTSVILLE, TX 77341
2.769	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT 6/21/2020	SHSU DANCE DEPT C/O COLLEGE OF FINE ARTS & MASS COMMUNICATIONS ATTN DEPT OF CHAIR DANCE 815 17TH ST, STE 150 HUNTSVILLE, TX 77340
2.770	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT 2/5/2020	SHUKLA, URMIL, MD 130 MEDICAL CENTER PKWY 10 HUNTSVILLE, TX 77340
2.771	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER PRODUCTS AGREEMENT	SIEMENS HEALTHCARE DIAGNOSTICS INC ATTN LEGAL DEPT 1717 DEERFIELD RD DEERFIELD, IL 60015

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.772	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER PRODUCTS AGREEMENT	SIEMENS HEALTHCARE DIAGNOSTICS INC ATTN LEGAL DEPT 1717 DEERFIELD RD DEERFIELD, IL 60015
2.773	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLEMENT TO MASTER PRODUCTS AGREEMENT FOR CONSUMABLES	SIEMENS HEALTHCARE DIAGNOSTICS INC ATTN LEGAL DEPT 1717 DEERFIELD RD DEERFIELD, IL 60015
2.774	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER PRODUCTS AGREEMENT	SIEMENS HEALTHCARE DIAGNOSTICS INC ATTN SNR CARLA SMALLS, SR CONTRACT/LEASING SPECIALIST 115 NORWOOD PARK S NORWOOD, MA 02062
2.775	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLEMENT TO MASTER PRODUCTS AGREEMENT	SIEMENS HEALTHCARE DIAGNOSTICS INC ATTN SNR CARLA SMALLS, SR CONTRACT/LEASING SPECIALIST 115 NORWOOD PARK S NORWOOD, MA 02062
2.776	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLEMENT TO MASTER PRODUCTS AGREEMENT FOR CONSUMABLES	SIEMENS HEALTHCARE DIAGNOSTICS INC ATTN SNR CARLA SMALLS, SR CONTRACT/LEASING SPECIALIST 115 NORWOOD PARK S NORWOOD, MA 02062
2.777	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PURCHASE ORDER #087248 RE: SERVICE AGREEMENT FOR SIEMENS MICROSCAN WA40 PLUS	SIEMENS HEALTHCARE DIAGNOSTICS INC F/K/A DADE BEARING PO BOX 121102 DALLAS, TX 75312-1102

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.778	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT QUOTE #106595-1 DTD 1/23/2012</p>	<p>SIEMENS HEALTHCARE DIAGNOSTICS ATTN LEGAL DEPT 1717 DEERFIELD RD DEERFIELD, IL 60015</p>
2.779	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT QUOTE #141189-2 DTD 10/30/2013 PO #087248</p>	<p>SIEMENS HEALTHCARE DIAGNOSTICS ATTN LEGAL DEPT 1717 DEERFIELD RD DEERFIELD, IL 60015</p>
2.780	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUEST SP2346324</p>	<p>SIEMENS WATER TECHNOLOGIES 10 TECHNOLOGY DR LOWELL, MA 01851</p>
2.781	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUEST SP2311824</p>	<p>SIEMENS 2809 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p>
2.782	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPECIAL PURCHASE REQUEST RE: SERVICE AGREEMENT QUOTE M405 SN9319, M405 SN9325)</p>	<p>SIEMENS 2809 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p>
2.783	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ORDER DOCUMENT #90053826</p>	<p>SITE FM</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.784	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PATIENT SAFETY SURVEY AGREEMENT</p> <p>1/17/2020</p>	<p>SMART PATIENTS INC ATTN RONI ZEIGER, CEO</p>
2.785	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEMORANDUM OF AGREEMENT</p>	<p>SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL ATTN DARRELL PILE, CEO 1111 N LOOP W, STE 160 HOUSTON, TX 77008</p>
2.786	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PARTICIPATING AGENCY/SUBCONTRACTOR AGREEMENT</p> <p>6/30/2022</p>	<p>SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL ATTN DARRELL PILE, CEO 1111 N LOOP W, STE 160 HOUSTON, TX 77008</p>
2.787	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL</p>	<p>SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL ATTN DARRELL PILE, CEO 1111 N LOOP W, STE 160 HOUSTON, TX 77008</p>
2.788	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STAT LABORARY SERVICES AGREEMENT</p>	<p>SPECTRA LABORATORIES INC ATTN CONTRACTS ADMINISTRATOR 8 KING RD ROCKLEIGH, NJ 07647</p>
2.789	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STAT LABORARY SERVICES AGREEMENT</p>	<p>SPECTRA LABORATORIES INC ATTN LAW DEPARTMENT 920 WINTER ST WALTHAM, MA 02451</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.790	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LETTER OF AUTHORIZATION RE: RURAL HEALTH CARE PROGRAM CONSULTING AGREEMENT DTD 3/8/2017</p>	<p>SPECTRACORP TECHNOLOGIES GROUP INC ATTN PAUL HALE, CEO 8131 LBJ FREEWAY, STE 360 DALLAS, TX 75251</p>
2.791	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RURAL HEATH CARE PROGRAM CONSULTING AGREEMENT</p> <p>6/30/2020</p>	<p>SPECTRACORP TECHNOLOGIES GROUP INC ATTN PAUL HALE, CEO 8131 LBJ FREEWAY, STE 360 DALLAS, TX 75251</p>
2.792	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR SUPPLEMENTAL STAFFING SERVICES</p>	<p>SPRINGBOARD INC ATTN CONTRACTS MANAGEMENT 6970 E CHAUNCEY LN, #110 PHOENIX, AZ 85054</p>
2.793	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HOSPITAL PROVIDER AGREEMENT</p>	<p>ST JOSEPH HOSPICE OF HOUSTON LLC D/B/A ST JOSEPH HOSPICE OF CONROE TEXAS ATTN GEOFFREY MORTHLAND 10615 JEFFERSON HWY BATON ROUGE, LA 70809</p>
2.794	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PATIENT TRANSFER AGREEMENT</p>	<p>ST JOSEPH'S REGIONAL HEALTH CTR ATTN ADMINISTRATOR 2801 FRANCISCAN DR BRYAN, TX 77802</p>
2.795	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PATIENT TRANSFER AGREEMENT</p> <p>5/1/2020</p>	<p>ST LUKE'S COMMUNITY HEALTH SERVICES D/B/A CHI ST LUKE'S THE WOODLANDS HOSPITAL 17200 ST LUKE'S WAY THE WOODLANDS, TX 77384</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.796	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PATIENT TRANSFER AGREEMENT 5/1/2020	ST LUKE'S COMMUNITY HEALTH SERVICES D/B/A CHI ST LUKE'S THE WOODLANDS HOSPITAL ATTN OFFICE OF GENERAL COUNSEL 6624 FANNIN ST, STE 2500 HOUSTON, TX 77030
2.797	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 E-2	STERICYCLE INC ATTN BRENT ARNOLD, VP LQ BUS UNIT 28161 N KEITH DR LAKE FOREST, IL 60045
2.798	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 E-3B 11/1/2020	STERICYCLE INC ATTN DANIEL SEXTON, SALES SOLUTIONS EXEC 28161 N KEITH DR LAKE FOREST, IL 60045
2.799	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDITIONAL SITE FORM - COLDSPRINGS CLINIC RE: MASTER BIOMEDICAL WASTE SERVICE AGREEMENT DTD 11/1/2014	STERICYCLE INC ATTN LQ SALES DEPT 4010 COMMERCIAL AVE NORTHBROOK, IL 60062
2.800	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDITIONAL SITE FORM - DR KARLA BRUNING, TX RE: MASTER BIOMEDICAL WASTE SERVICE AGREEMENT DTD 11/1/2014	STERICYCLE INC ATTN LQ SALES DEPT 4010 COMMERCIAL AVE NORTHBROOK, IL 60062
2.801	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 EX C-1 11/1/2024	STERICYCLE INC ATTN LQ SALES DEPT 4010 COMMERCIAL AVE NORTHBROOK, IL 60062

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.802	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 EX C-2</p> <p>11/1/2024</p>	<p>STERICYCLE INC ATTN LQ SALES DEPT 4010 COMMERCIAL AVE NORTHBROOK, IL 60062</p>
2.803	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 E-1</p>	<p>STERICYCLE INC ATTN SCOTT KELM, MAJOR ACCT EXEC 28161 N KEITH DR LAKE FOREST, IL 60045</p>
2.804	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 E-2</p>	<p>STERICYCLE INC ATTN SCOTT KELM, MAJOR ACCT EXEC 28161 N KEITH DR LAKE FOREST, IL 60045</p>
2.805	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 EX C-1</p> <p>11/1/2024</p>	<p>STERICYCLE INC ATTN SCOTT KELM, MAJOR ACCT EXEC 28161 N KEITH DR LAKE FOREST, IL 60045</p>
2.806	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICE AGREEMENT #HEALTHTRUST 2621 EX C-2</p> <p>11/1/2024</p>	<p>STERICYCLE INC ATTN SCOTT KELM, MAJOR ACCT EXEC 28161 N KEITH DR LAKE FOREST, IL 60045</p>
2.807	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ESR SERVICE AGREEMENT DTD 12/1/2016</p> <p>12/29/2019</p>	<p>STRECK ATTN AMY DUFFY, TERRITORY SALES MGR 7002 S 109TH ST OMAHA, NE 68128</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.808	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PLATINUM PLUS ENROLLMENT FORM</p>	<p>STRYKER SUSTAINABILITY SOLUTIONS INC 10232 SOUTH 51ST STREET</p> <p>PHOENIX, AZ 85044</p>
2.809	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>2017 TRAFFIC CERTIFICATION ACCT #100-7124726-01</p>	<p>SUDDENLINK COMMUNICATIONS F/K/A CEBRIDGE CONNECTIONS PO BOX 660365 DALLAS, TX 75266-0365</p>
2.810	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #098352 DTD 12/23/2015</p>	<p>SUDDENLINK COMMUNICATIONS F/K/A CEBRIDGE CONNECTIONS PO BOX 660365 DALLAS, TX 75266-0365</p>
2.811	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUDDENLINK BUSINESS SERVICES PROPOSAL DTD 3/18/2015</p>	<p>SUDDENLINK COMMUNICATIONS F/K/A CEBRIDGE CONNECTIONS PO BOX 660365 DALLAS, TX 75266-0365</p>
2.812	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUPERIOR AGREEMENT</p>	<p>SUPERIOR PO BOX 3003</p> <p>FARMINGTON, MO 63640-3803</p>
2.813	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUPERIOR AGREEMENT</p>	<p>SUPERIOR PO BOX 3003</p> <p>FARMINGTON, MO 63640-3803</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.814	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ORDER FORM #001 - PERPETUAL SOFTWARE LICENSE & SUPPORT RE: MASTER AGREEMENT DTD 3/10/2011	SURGICAL INFORMATION SYSTEMS LLC 11605 HAYNES BRIDGE RD,STE 200 ALPHARETTA, GA 30009
2.815	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ORDER FORM #002 - SERVICES (SIS ACADEMY & IMPLEMENTATION) RE: MASTER AGREEMENT DTD 3/10/2011	SURGICAL INFORMATION SYSTEMS LLC 11605 HAYNES BRIDGE RD,STE 200 ALPHARETTA, GA 30009
2.816	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ORDER FORM TO MASTER SOFTWARE LICENSE & SERVICES AGREEMENT RE: MASTER AGREEMENT DTD 3/10/2011	SURGICAL INFORMATION SYSTEMS LLC ATTN BROOKE GILLILAND, CLIENT SERV DIR 555 NORTH POINT CIR E, STE 700 ALPHARETTA, GA 30022
2.817	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ORDER FORM TO MASTER SOFTWARE LICENSE & SERVICES AGREEMENT RE: MASTER AGREEMENT DTD 3/10/2011	SURGICAL INFORMATION SYSTEMS LLC ATTN BROOKE GILLILAND, CLIENT SERV DIR 555 NORTH POINT CIR E, STE 700 ALPHARETTA, GA 30022
2.818	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER SOFTWARE LICENSE & SERVICES AGREEMENT	SURGICAL INFORMATION SYSTEMS LLC ATTN EDWARD R DAIHL, CEO 11605 HAYNES BRIDGE RD, STE 200 ALPHARETTA, GA 30009
2.819	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADDITIONAL SERVICES AGREEMENT	SURGICAL INFORMATION SYSTEMS, LLC 555 NORTH POINT CENTER EAST SUITE 300 ALPHARETTA, GA 30022

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.820	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDITIONAL SERVICES AGREEMENT</p>	<p>SURGICAL INFORMATION SYSTEMS, LLC ATTN BROOKE GILLILAND, CLIENT SERV DIR 555 NORTH POINT CIR E, STE 700</p> <p>ALPHARETTA, GA 30022</p>
2.821	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SEARCH AGREEMENT FOR VASCULAR SURGEON/ GENERAL SURGERY</p>	<p>TACORE MEDICAL INC</p>
2.822	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TDCJ INTERLOCAL AGREEMENT</p>	<p>TDCJ 301 UNIVERSITY BLVD</p> <p>GALVESTON, TX 77555-1208</p>
2.823	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FOCUS SUPPORT SERVICE AGREEMENT DTD 6/27/2019</p> <p>7/31/2020</p>	<p>TECH SYSTEMS INC ATTN RANDY SIMPSON, CDM 4942 SUMMER OAK DR BUFORD, GA 30518</p>
2.824	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMBULANCE TRANSPORTATION PROVIDER AGREEMENT</p>	<p>TEXAN EMS, LLC PO BOX 2297</p> <p>LIVINGSTON, TX 77351</p>
2.825	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICES AGREEMENT</p> <p>12/31/2021</p>	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER A&M RURAL AND COMMUNITY HEALTH INSTITUTE CRYSTAL PLAZA 2700 EARL RUDDER FRWY S, STE 3000 COLLEGE STATION, TX 77845</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.826	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICES AGREEMENT</p> <p>12/31/2021</p>	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER ATTN ASSOC. VP & CHIEF 8441 RIVERSIDE PKWY, STE 3100 BRYAN, TX 77807</p>
2.827	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT</p>	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER ATTN ERIN KELLS SR PROGRAM MGR 8441 RIVERSIDE PKWY BRYAN, TX 77807</p>
2.828	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROGRAM AFFILIATION AGREEMENT</p> <p>5/31/2021</p>	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER ATTN ERIN KELLS SR PROGRAM MGR 8441 RIVERSIDE PKWY BRYAN, TX 77807</p>
2.829	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROGRAM AFFILIATION AGREEMENT</p>	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER ATTN ERIN KELLS SR PROGRAM MGR 8441 RIVERSIDE PKWY BRYAN, TX 77807</p>
2.830	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROGRAM AFFILIATION AGREEMENT</p>	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER ATTN GARY FRECH, MDA, RPH ASSISTANT DEAN FOR EXPERIMENTAL EDUCATION 8441 RIVERSIDE PKWY BRYAN, TX 77807</p>
2.831	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROFESSIONAL SERVICES AGREEMENT</p>	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER ATTN NANCY W DICKEY MD, EXEC DIR RCHI CRYSTAL PARK PLAZA 2700 EARL RUDDER FRWY S, STE 3000 COLLEGE STATION, TX 77845</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.832	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER ATTN OFFICE OF FINANCE & ADMIN 200 TECHNOLOGY WAY, STE 2079 COLLEGE STATION, TX 77845-3424</p>
2.833	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROFESSIONAL SERVICES AGREEMENT 12/31/2019	<p>TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER ATTN OFFICE OF FINANCE & ADMIN 200 TECHNOLOGY WAY, STE 2079 COLLEGE STATION, TX 77845-3424</p>
2.834	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TEXAS CHILDREN'S HEALTH PLAN HOSPITAL/RHC	<p>TEXAS CHILDREN'S HEALTH PLAN PO BOX 301011 WLS8360</p> <p>HOUSTON, TX 77230-1011</p>
2.835	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	IMMUNIZATION SERVICES AGREEMENT	<p>TEXAS DEPARTMENT OF CRIMINAL JUSTICE ATTN CFO PO BOX 4015 HUNTSVILLE, TX 77342-4015</p>
2.836	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INTERLOCAL AGREEMENT	<p>TEXAS DEPARTMENT OF CRIMINAL JUSTICE ATTN CFO PO BOX 4015 HUNTSVILLE, TX 77342-4015</p>
2.837	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MODIFICATION OF CONTRACT AMENDS CONTRACT #696-HS-14-15-M145 8/31/2020	<p>TEXAS DEPARTMENT OF CRIMINAL JUSTICE CONTRACTS & PROCUREMENT CLIENT SERVICES & GOVT. CONTRACTS BRANCH 2 FINANCIAL PLAZA, STE 525 HUNTSVILLE, TX 77340</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.838	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMBULANCE TRANSPORTATION PROVIDER AGREEMENT</p> <p>10/10/2020</p>	<p>TEXAS EMS LLC ATTN KATHY CLAYTON 3400 ENFIELD RD AUSTIN, TX 78703</p>
2.839	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT RE: TETAF SURVEY AGREEMENT</p>	<p>TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION ATTN KATHY CLAYTON 3400 ENFIELD RD AUSTIN, TX 78703</p>
2.840	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TETAF SURVEY AGREEMENT</p>	<p>TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION ATTN KATHY CLAYTON 3400 ENFIELD RD AUSTIN, TX 78703</p>
2.841	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TEXAS KIDS FIRST, LLC AGREEMENT</p>	<p>TEXAS KIDS FIRST, LLC 2524 LILLIAN MILLER PARKWAY SUITE 115 DENTON, TX 76210</p>
2.842	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT A - CONFIRMATION OF ASSIGNMENT FOR ROCHELLE DOYLEY RE: MASTER SERVICES AGREEMENT DTD 1/13/2014</p>	<p>TEXAS SELECT STAFFING LLC ATTN KYLE CAVENDER, ACCT MGR 1910 PACIFIC AVE, STE 5015 DALLAS, TX 75201</p>
2.843	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT A - CONFIRMATION OF ASSIGNMENT FOR ROCHELLE DOYLEY RE: MASTER SERVICES AGREEMENT DTD 1/13/2014</p>	<p>TEXAS SELECT STAFFING LLC ATTN KYLE CAVENDER, ACCT MGR 1910 PACIFIC AVE, STE 5015 DALLAS, TX 75201</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.844	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT A - CONFIRMATION OF ASSIGNMENT FOR TERESA ROBINSON RE: MASTER SERVICES AGREEMENT DTD 1/13/2014</p>	<p>TEXAS SELECT STAFFING LLC ATTN KYLE CAVENDER, ACCT MGR 1910 PACIFIC AVE, STE 5015 DALLAS, TX 75201</p>
2.845	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT A - CONFIRMATION OF ASSIGNMENT FOR TOMMY JENKINS RE: MASTER SERVICES AGREEMENT DTD 1/13/2014</p>	<p>TEXAS SELECT STAFFING LLC ATTN KYLE CAVENDER, ACCT MGR 1910 PACIFIC AVE, STE 5015 DALLAS, TX 75201</p>
2.846	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT</p>	<p>TEXAS SELECT STAFFING LLC ATTN KYLE CAVENDER, ACCT MGR 1910 PACIFIC AVE, STE 5015 DALLAS, TX 75201</p>
2.847	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROGRAM AFFILIATION AGREEMENT</p>	<p>TEXAS WOMAN'S UNIVERSITY 304 ADMINISTRATION DR DENTON, TX 76204</p>
2.848	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT</p>	<p>THOMPSON, CHARLES B, MD</p>
2.849	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>THREE RIVERS PROVIDER NETWORK (TRPN) AGREEMENT</p>	<p>THREE RIVERS PROVIDER NETWORK (TRPN) 1620 5TH AVE, SUITE 900 SAN DIEGO, CA 92101</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.850	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM #1 DTD 10/31/2012 RE: AGREEMENT FOR THE ARRANGEMENT OF PROFESSIONAL ER SERVICES DTD 3/1/2012</p>	<p>THW EMERGENCY MANAGEMENT OF HOUSTON INC ATTN GENERAL COUNSEL 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919</p>
2.851	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO VENDOR CONTRACT RE: AGREEMENT FOR ARRANGEMENT OF PROFESSIONAL ER SERVICES DTD 3/1/2012</p>	<p>THW EMERGENCY MANAGEMENT OF HOUSTON INC ATTN GENERAL COUNSEL 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919</p>
2.852	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR ARRANGEMENT OF PROFESSIONAL EMERGENCY SERVICES</p>	<p>THW EMERGENCY MANAGEMENT OF HOUSTON INC ATTN GENERAL COUNSEL 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919</p>
2.853	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION OF ADDENDUM #1 DTD 7/23/2013 RE: AGREEMENT FOR THE ARRANGEMENT OF PROFESSIONAL ER SERVICES</p>	<p>THW EMERGENCY MANAGEMENT OF HOUSTON INC ATTN GENERAL COUNSEL 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919</p>
2.854	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT FOR ARRANGEMENT OF PROFESSIONAL EMERGENCY SERVICES</p>	<p>THW EMERGENCY MANAGEMENT OF HOUSTON INC ATTN PRESIDENT 5000 HOPYARD RD PLEASANTON, CA 94588-3146</p>
2.855	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GOLD SERVICE AGREEMENT</p>	<p>THYSSENKRUPP ELEVATOR CORPORATION ATTN TAWNY ELIZONDO 14820 TOMBALL PKWY STE 190 HOUSTON, TX 77086</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.856	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	LANDSCAPE MAINTENANCE CONTRACT	TIMBERLAKE NURSERY 3638 HWY 19 RIVERSIDE, TX 77320
2.857	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT	TINDALL, B SHANE, MD
2.858	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEMORANDUM OF AGREEMENT #450347	TMF HEALTH QUALITY INSTITUTE ATTN CONTRACT SPECIALIST BARTON OAKS PLAZA II, STE 200 901 MOPAC EXWY S AUSTIN, TX 78746-5799
2.859	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEMORANDUM OF AGREEMENT #675463	TMF HEALTH QUALITY INSTITUTE ATTN CONTRACT SPECIALIST BARTON OAKS PLAZA II, STE 200 901 MOPAC EXWY S AUSTIN, TX 78746-5799
2.860	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	REVIEW SERVICES AGREEMENT	TMF HEALTH QUALITY INSTITUTE ATTN JANET KILCREASE, RN BRIDGEPOINT PLAZA I,STE 300 5918 WESR COURTYARD DR AUSTIN, TX 78730-5036
2.861	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	AMENDMENT 2 TO REVIEW SERVICES AGREEMENT AMENDS AGREEMENT DTD 1/1/2009	TMF HEALTH QUALITY INSTITUTE ATTN THOMAS MANLEY, CEO 5918 W COURTYARD DR, STE 300 AUSTIN, TX 78730-5036

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.862	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SPEAKER AGREEMENT	TMF HEALTH QUALITY INSTITUTE ATTN THOMAS MANLEY, CEO 5918 W COURTYARD DR, STE 300 AUSTIN, TX 78730-5036
2.863	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEMORANDUM OF AGREEMENT #450347	TMF HEALTH QUALITY INSTITUTE C/O CENTERS FOR MEDICARE & MEDICAID SVCS ATTN CAPT. MARY GESSAY, PROJECT OFF 1301 YOUNG ST, RM 833 DALLAS, TX 75202
2.864	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MEMORANDUM OF AGREEMENT #675463	TMF HEALTH QUALITY INSTITUTE C/O CENTERS FOR MEDICARE & MEDICAID SVCS ATTN CAPT. MARY GESSAY, PROJECT OFF 1301 YOUNG ST, RM 833 DALLAS, TX 75202
2.865	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	HEALTHCARE CLIENT SERVICES AGREEMENT DTD 10/19/2016	TOP ECHELON CONTRACTING LLC ATTN DEBRA M FLEDDERJOHANN, PRESIDENT 4883 DRESSLER RD NW, STE 200 CANTON, OH 44718
2.866	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER AGREEMENT FOR SUPPLEMENTAL STAFFING SERVICES DTD 5/9/2019 5/23/2020	TOTALMED INC ATTN NICK PALLERIA 221 W COLLEGE AVE, FL 2 APPLETON, WI 54911
2.867	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT	TRAWY, JUSTIN M, MD

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.868	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SPORTS MEDICINE ATHLETIC TRAINING SERVICE AGREEMENT</p> <p>7/1/2021</p>	<p>TRINITY ISD ATTN SUPERINTENDENT 101 W JEFFERSON ST TRINITY, TX 77358</p>
2.869	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTING SERVICES AGREEMENT</p>	<p>TRISOURCE LLC D/B/A TRISOURCE HEALTH ATTN KAREN FOWLER 5700 GRANITE PKWY, STE 200 PLANO, TX 75024</p>
2.870	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE AGREEMENT</p> <p>7/31/2022</p>	<p>T-SYSTEMS INC ATTN TIM SWANGO, EXEC. VP & CHIEF ADMIN OFFICER 4020 MCEWEN DR, STE 200 DALLAS, TX 75244</p>
2.871	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ACKNOWLEDGMENT OF AMENDMENT OF SOLICITATION/ MODIFICATION OF CONTRACT DTD 2/5/2019 RE: CONTRACT DTD 7/15/18</p>	<p>ULTIMATE BIOMEDICAL SOLUTION 6315-B FM 1488 #138 MAGNOLIA, TX 77354</p>
2.872	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT</p> <p>6/30/2021</p>	<p>ULTIMATE BIOMEDICAL SOLUTION 6315-B FM 1488 #138 MAGNOLIA, TX 77354</p>
2.873	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER #117072 RE: MAINTENANCE SERVICE AGREEMENT</p>	<p>ULTRARAD CORPORATION 301 PINEDGE DR, STE 301 WEST BERLIN, NJ 08091</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.874	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO CONTRACT RE: STAFFING/RECRUITMENT SERVICES CONTRACT</p>	<p>ULTRARAD CORPORATION ATTN BILL GIUNTA, VP OF SERVICES 301 PINEDGE DR, STE 301 WEST BERLIN, NJ 08091</p>
2.875	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADDENDUM TO CONTRACT RE: AGREEMENT FOR SERVICE</p>	<p>ULTRARAD CORPORATION ATTN BILL GIUNTA, VP OF SERVICES 301 PINEDGE DR, STE 301 WEST BERLIN, NJ 08091</p>
2.876	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AND SUPPORT AGREEMENT</p> <p>6/23/2020</p>	<p>ULTRARAD CORPORATION ATTN BILL GIUNTA, VP OF SERVICES 301 PINEDGE DR, STE 301 WEST BERLIN, NJ 08091</p>
2.877	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AND SUPPORT AGREEMENT</p>	<p>ULTRARAD CORPORATION ATTN BILL GIUNTA, VP OF SERVICES 301 PINEDGE DR, STE 301 WEST BERLIN, NJ 08091</p>
2.878	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AND SUPPORT AGREEMENT</p> <p>6/23/2020</p>	<p>ULTRARAD CORPORATION ATTN BILL GIUNTA, VP OF SERVICES 301 PINEDGE DR, STE 301 WEST BERLIN, NJ 08091</p>
2.879	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AND SUPPORT AGREEMENT</p> <p>6/23/2020</p>	<p>ULTRARAD CORPORATION ATTN BILL GIUNTA, VP OF SERVICES 301 PINEDGE DR, STE 301 WEST BERLIN, NJ 08091</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.880	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	UNITED HEALTHCARE FACILITY PARTICIPATION AGREEMENT	<p>UNITED HEALTHCARE 9900 BREN ROAD</p> <p>MINNETONKA, MN 55343-9664</p>
2.881	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	UNITED HEALTHCARE FACILITY PARTICIPATION AGREEMENT	<p>UNITED HEALTHCARE 9900 BREN ROAD</p> <p>MINNETONKA, MN 55343-9664</p>
2.882	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	UNITED HEALTHCARE FACILITY PARTICIPATION AGREEMENT	<p>UNITED HEALTHCARE PO BOX 740809</p> <p>ATLANTA, GA 30374-0809</p>
2.883	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	UNITED HEALTHCARE FACILITY PARTICIPATION AGREEMENT	<p>UNITED HEALTHCARE PO BOX 740809</p> <p>ATLANTA, GA 30374-0809</p>
2.884	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>UNITED STATES UNIVERSITY 7675 MISSION VALLEY RD SAN DIEGO, CA 92108</p>
2.885	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	UNIVERSAL AMERICAN HOSPITAL PARTICIPATION AGREEMENT - HMH	<p>UNIVERSAL AMERICAN PO BOX 467</p> <p>NORWOOD, MA 02062</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.886	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PARTICIPATION AGREEMENT	<p>UNIVERSITY OF KANSAS MED CNTR RESEARCH INSTITUTE INC ATTN EXECUTIVE DIRECTOR 3901 RAINBOW BLVD, MAILSTOP 1039 KANSAS CITY, KS 66160-7702</p>
2.887	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>UNIVERSITY OF SOUTH ALABAMA 307 N UNIVERSITY BLVD MOBILE, AL 36688</p>
2.888	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AFFILIATION AGREEMENT	<p>UNIVERSITY OF TEXAS AT EL PASO, THE 500 W UNIVERSITY AVE EL PASO, TX 79968</p>
2.889	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	BUSINESS ASSOCIATE AGREEMENT	<p>UNIVERSITY OF TEXAS HEALTH CENTER AT HOUSTON ATTN CHRISTY ANKROM 6431 FANNIN ST, MSB 7.117 HOUSTON, TX 77030</p>
2.890	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RENEWAL OF STROKE TELEMEDICINE PROGRAM SERVICES AGREEMENT AMENDS AGREEMENT DTD 2/1/2014</p> <p>1/31/2021</p>	<p>UNIVERSITY OF TEXAS HEALTH CENTER AT HOUSTON ATTN CHRISTY ANKROM 6431 FANNIN ST, MSB 7.117 HOUSTON, TX 77030</p>
2.891	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INSTITUTIONAL REVIEW BOARD (IRB) AUTHORIZATION AGREEMENT	<p>UNIVERSITY OF TEXAS HEALTH CENTER AT HOUSTON DEPT OF NEUROLOGY ATTN CHRISTY ANKROM 6431 FANNIN ST, MSB 7.117 HOUSTON, TX 77030</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.892	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	RENEWAL LETTER DTD 1/7/2016	UNIVERSITY OF TEXAS HEALTH CENTER AT HOUSTON DEPT OF NEUROLOGY ATTN CHRISTY ANKROM 6431 FANNIN ST, MSB 7.117 HOUSTON, TX 77030
2.893	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BUSINESS ASSOCIATE AGREEMENT	URS MEDICAL I LP D/B/A BREAST PUMP DEPOT 4830 LAKEWOOD DR #1 WACO, TX 76710
2.894	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	EQUIPMENT PLACEMENT AGREEMENT 7/15/2020	URS MEDICAL I LP D/B/A BREAST PUMP DEPOT ATTN RICK HAGELSTEIN, CHAIRMAN 4830 LAKEWOOD DR #1 WACO, TX 76710
2.895	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	USFHP AGREEMENT	USFHP 2707 NORTH LOOP WEST HOUSTON, TX 77008
2.896	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PROGRAM AFFILIATION AGREEMENT	UTICA COLLEGE ATTN DAWN EVANS, PT, DPT ASSIST. PROFESSOR & DIR OF CLINICAL EDUCATION 1600 BURRSTONE RD UTICA, NY 13502-4892
2.897	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PROGRAM AFFILIATION AGREEMENT	UTICA COLLEGE ATTN SHELLY NUNNO-EVANS, PT, DPT ASSIST. DIR OF CLINICAL EDUCATION 1600 BURRSTONE RD UTICA, NY 13502-4892

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.898	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTMB/HEALTH PLANS HOSPITAL SERVICE AGREEMENT</p>	<p>UTMB/HEALTH PLANS PO BOX 15548</p> <p>AUSTIN, TX 78761</p>
2.899	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>UTMB/INDIGENT CARE INTERLOCAL COOPERATION ACT CONTRACT</p>	<p>UTMB/INDIGENT CARE 301 UNIVERSITY BLVD</p> <p>GALVESTON, TX 77555</p>
2.900	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE AGREEMENT #090358 DTD 8/25/2014 QUOTE #HMH62514</p>	<p>VASAMED INC 7615 GOLDEN TRIANGLE DR, STE A EDEN PRAIRIE, MN 55344</p>
2.901	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STUDYCAST SOFTWARE SERVICES AGREEMENT</p>	<p>VASAMED INC C/O CORE SOUND IMAGING INC 7000 SIX FORKS ROAD, STE 102 RALEIGH, NC 27615</p>
2.902	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PHYSICIAN CREDENTIALING AND PRIVILEGING AGREEMENT</p>	<p>VIRTUAL RADIOLOGIC PROFESSIONALS OF TEXAS PA ATTN GENERAL COUNSEL 11995 SINGLETREE LANE #500 EDEN PRAIRIE, MN 55344</p>
2.903	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION NOTICE DTD 10/10/2019 TERMINATES PHYSICIAN CREDENTIALING & PRIVILEGING AGREEMENT</p>	<p>VIRTUAL RADIOLOGIC PROFESSIONALS OF TEXAS PA ATTN GENERAL COUNSEL 11995 SINGLETREE LANE #500 EDEN PRAIRIE, MN 55344</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.904	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>VISTA COLLEGE 6101 MONTANA AVE EL PASO, TX 79925</p>
2.905	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	PROGRAM AFFILIATION AGREEMENT	<p>WALDEN UNIVERSITY LLC 100 S WASHINGTON AVE #900 MINNEAPOLIS, MN 55401</p>
2.906	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TX-1035400-WALKER COUNTY HOSPITAL CORPORATION DBA HUNTSVILLE MEMORIAL HOSPITAL-YEAR 3 OF 5 2019 FOCUS RENEWAL	<p>WALKER COUNTY HOSPITAL CORPORATION DBA HUNTSVILLE MEMORIAL HOSPITAL 110 MEMORIAL HOSPITAL DR HUNTSVILLE, TX 77340</p>
2.907	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	AMBULANCE SERVICES AGREEMENT DTD 2/1/2008	<p>WALKER COUNTY HOSPITAL DISTRICT OF WALKER 1224 UNIVERSITY AVE, STE 105 HUNTSVILLE, TX 77340</p>
2.908	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FIRST AMENDMENT TO LEASE AGREEMENT AMENDS LEASE DTD 6/13/2013	<p>WALKER COUNTY HOSPITAL DISTRICT OF WALKER 1224 UNIVERSITY AVE, STE 105 HUNTSVILLE, TX 77340</p>
2.909	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT 6/13/2033	<p>WALKER COUNTY HOSPITAL DISTRICT OF WALKER 1224 UNIVERSITY AVE, STE 105 HUNTSVILLE, TX 77340</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.910	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 6/13/2033</p> <p>List the contract number of any government contract</p>	OPERATING AGREEMENT	WALKER COUNTY HOSPITAL DISTRICT OF WALKER 1224 UNIVERSITY AVE, STE 105 HUNTSVILLE, TX 77340
2.911	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 6/13/2033</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT	WALKER COUNTY HOSPITAL DISTRICT OF WALKER ATTN CHAIRMAN OF THE BOARD PO BOX 1267 HUNTSVILLE, TX 77340
2.912	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining 6/13/2033</p> <p>List the contract number of any government contract</p>	OPERATING AGREEMENT	WALKER COUNTY HOSPITAL DISTRICT OF WALKER ATTN CHAIRMAN OF THE BOARD PO BOX 1267 HUNTSVILLE, TX 77342-1267
2.913	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	WARD, JESSE, MD 129 MEDICAL PART LN HUNTSVILLE, TX 77340
2.914	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MEDICAL DIRECTOR AGREEMENT	WARD, JESSE, MD 596 BOWDEN HUNTSVILLE, TX 77340
2.915	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	EXHIBIT C - RADIOLOGIST STATEMENT RE: PROFESSIONAL SERVICES AGREEMENT	WHITMORE, ANDREW, MD

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.916	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MONITORING AGREEMENT DTD 3/11/2016</p>	<p>WILSON FIRE EQUIPMENT & SERVICES CCOMPANY INC ATTN JAMES W YOUNG, CONTRACT ADMIN 7303 EMPIRE CENTRAL DR HOUSTON, TX 77040</p>
2.917	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY SERVICES AGREEMENT RE: PURCHASING AGREEMENT DTD 4/1/2015</p>	<p>YALE ENFORCEMENT SERVICES INC ATTN BARBARA YALE, PRESIDENT 3601 N BELT W BELLEVILLE, IL 62226</p>

Fill in this information to identify the case:Debtor WALKER COUNTY HOSPITAL CORP., D/B/A HUNTSVILLE MEMORIAL HOSPITALUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISIONCase number 19-36300
(if known)☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****4/19**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes.

Debtor WALKER COUNTY HOSPITAL CORP., D/B/A HUNTSVILLE MEMORIAL HOSPITAL

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISION

Case number 19-36300
(if known)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

04/19

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/11/2019
MM / DD / YYYY



/s/ Steven L. Smith
Signature of individual signing on behalf of debtor

Steven L. Smith
Printed name

CEO
Position or relationship to debtor